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ABSTRACT

This tentative curriculum guide and resource materials publication is designed to aid teachers in using a multi-media approach in presenting a drug abuse education program. It is intended that the material be interwoven into all current curriculum structures, rather than presented as individual and separate units. The K through 12 curriculum is divided into four groupings: grades K-3, 4-6, 7-9, and 10-12. For each group of grades, the guide presents an overview of the problems, general objectives to attain, and numerous behavioral goals with accompanying activity suggestions to achieve them. The enlarged appendix contains a history of drug abuse, resource agencies for drug information, physiological and psychological facts about drug abuse, two glossaries of technical and slang terms, drug laws, a pupil survey blank, suggested films and filmstrips for drug abuse education, and a list of books, pamphlets, and paperbacks. (BL)

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Drug Abuse Education

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A Multiple-approach Curriculum Guide

and Resource Materials for Grades K-12

Curriculum Bulletin Series

Authorized by the Board of Education

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FOREWORD

Not long ago, the American who used drugs was viewed as a hopeless outcast existing in the shadows of the criminal world. Drug addiction was considered a disease of the big-city slums. There was a popular misconception that it couldn't happen in the average American family.

Today, millions of men, women and youth are taking illegal drugs or abusing drugs prescribed only for medical purposes. With drug abuse becoming a major problem, experts in the field are seeking reasons or causes. But whatever the causes, finding reasonable solutions should have a top priority in national programs. Education must be at the beginning of any solution. Those who are tempted to experiment with drugs must be educated to the grave danger of possible addiction or drug dependence, physical, mental or emotional.

This tentative curriculum guide and resource materials publication is designed to aid teachers in using a multi-media approach in presenting a drug abuse education program. The enclosed information should be interwoven into all current curriculum structures, rather than presented as individual and separate units. The behavioral goals and alternative activities suggested in this guide are to be used as basic sources for additional planning.

A special word of thanks and commendation is due the members of the curriculum committee who worked diligently in formulating and producing this teacher guide.

Nolan Estes
General Superintendent

The drug education committee of the Dallas Independent School District has compiled what it hopes will prove a helpful guide and a foundation from which an outstanding drug education program can be developed.

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Major Goal

To provide a systematic drug abuse program based on behavioral patterns for grades K through 12, to be integrated with present ongoing curriculum.

I. To develop an awareness of the problems inherent in drug use and abuse.

   A. To inform the students of the effects on the body of alcohol, tobacco, narcotics, sedatives, stimulants, and hallucinogens.

   B. To educate the students regarding the proper uses of drugs in relation to physical, mental, social, and emotional behavior.

   C. To inform the students of the legal aspects of drug use.

   D. To educate the students regarding social problems resulting from drug abuse.

   E. To emphasize the need for seeking professional help and guidance in dealing with problems related to physical and emotional health.

II. To develop concepts related to personal responsibility, emotional maturity, developmental processes, physical and psychological reactions to stress, group processes, and recognition of basic feelings.

   A. To encourage the development of positive attitudes when confronted with pain, stress, and discomfort.

   B. To develop the ability to make objectives decisions based on factual information about the effects of drugs.

   C. To encourage the development of a sense of responsibility for one's actions as well as for the actions of one's community.

III. To inform faculty and students of the availability of resources materials and personnel dealing with problems of drug abuse.

Recommendations to the Teacher

1. Establish an atmosphere conducive to good student-teacher communication.
2. Do not panic. The level-headed approach is the only approach.
3. Keep lines of communication open. Make a genuine effort to understand the students' point of view. Try to avoid being overly moralistic and prejudiced when discussing drug use.
4. Avoid "scare" techniques. Teenagers are entitled to honest and accurate answers. Be well-informed about drugs.
5. Avoid stereotyping. Recognize that individuals differ in patterns of physical growth and development.
6. Integrate drug education into the general curriculum rather than limit it to specific times or areas.
7. Use behavioral activities which can be measured.
8. Use the problem-solving or laboratory approach to create a realistic, socially accepted program.

Overview K-3

These guidelines are designed to help students handle some of the problems related to normal growth and development. As primary teachers, we must adopt successful activities and experiences that will direct our students' thinking away from potential dangers such as drug abuse and toward more healthful pursuits.

The natural world of childhood is filled with a variety of experiences: conflict, aggression, interdependence, curiosity, and warmth. For some children, the family has little or no influence on their social attitudes or personal responsibilities. Thus it is necessary and essential to teach decision-making, value systems, and a positive approach to life in the beginning curriculum. By developing behavioral objectives with alternate activities, we are attempting to provide a starting point that will accomplish these goals.

Objectives K-3

1. To help the students understand emotional needs.
2. To help the students develop a self-concept with increased feelings of personal worth.
3. To help the students develop healthy attitudes.
4. To help the students learn procedures for decision-making and forming value judgments.
5. To help the students gain an awareness of personal interaction with environment.
6. To help the students differentiate among the various aspects of normal growth and development.
7. To help the students understand and accept the needs of the physical self.
8. To help the students formulate goals relating to their futures.

Grades K-3

Behavioral Objectives	Suggested Activities
I. The students are given the opportunity to communicate attitudes and emotional needs.	
A. The students describe various emotions for the teacher to list.	A. 1. Have students express physically or with caricatures the effects of emotions on behavicr. 2. Dramatize individual reactions to family crises or celebrations. 3. Collect pictures showing various emotions from magazines and discuss what might have happened just before each picture was taken. 4. Have students tell or show how they look when they feel happy, sad, or disappointed. 5. Discuss the question: Do you do certain things when you are feeling a particular way? Use non-verbal communication.
B. Students learn to communicate their self-concepts in relation to their environments.	B. 1. List orally the difficulties encountered in school. Choose common ones to discuss. 2. Suggest drawing pictures with these kinds of titles: This is how my class looks when I am here. Class 1E is walking down the hall. 3. Have students create aggressive and/or passive animals with modeling clay.
II. Through assuming leadership roles, demonstrating before the class, or participating orally, the students will develop increased feelings of personal worth.	

A. The students become aware of the positive rather than the negative approach to learning.	A. 1. Have students select individuals to carry out classroom management responsibilities. 2. Use student leaders in non-academic activities such as leading songs or directing games.
B. The students develop activities that will help them determine their strengths and weaknesses.	B. 1. Have students chart their participation in classroom activities. Discuss their contributions to the work of the class. 2. Use a record of scores and grades for individual self-discovery. Institute a positive approach to grading, for example, a 2 instead of an -8.
III. The students through various activities will develop healthy attitudes about drugs and their use.	
A. The students become aware of the roles of the doctor, the parent, and the patient in regard to drug use.	A. 1. Using such props as colored water and candy pills, suggest acting out the following situations: a. A doctor giving medicine to a patient. b. A parent giving medicine to a member of the family. c. A person playing with or taking medicine that he shouldn't. 2. Invite the school nurse to talk to the class about the importance and the possible dangers of medicine. Emphasize children should never take medicine without adult supervision. 3. Have students make a list of the medicines found at home. Discuss these medicines, using the following topics for discussion: How should they be taken? Who should give the medication? Where should drugs be kept in the home?

4. Introduce the words prescription and pharmacist. Discuss what a prescription is and who prescribes it. Whose name is on the prescription? Why?

> The teacher should bring in empty bottles for examples.

5. Have students discuss what they think drugs are.

6. Using posters or drawings, have individuals indicate ways in which drugs can be helpful.

B. The students become aware of some of the harmful effects of the improper use of drugs.

B.

1. Discuss the phrase, "Caution! Keep out of reach of children!"

2. Introduce the sign of the skull and crossbones. Discuss its significance.

3. Have students create their own symbols or labels to warn of potential danger.

4. Discuss various household products, their importance and their potential danger.

> Stress the possible harmful effects when household products are taken internally or in some other way misused.

C. The students learn why it is wise fo discard used or partially used medicines.

C.

1. Using bottles filled with colored water, have students demonstrate the safe way to discard used or partially used medicines.

D. Students become aware of the many drugs and medicines that are within their environment.

D.

1. Visit the nearest drug or food store to see the different types of drugs that are sold.

2. Go to the school clinic to see the medical supplies.

E. Through various activities the students learn to recognize the influence of advertising on attitudes toward medicine.

E.

1. Have students work on bulletin board showing various drug advertisements and their exaggerated claims.

	2. Use a "box" television to dramatize familiar commercials. Discuss their validity of claims made. 3. Try making up commercials or advertisements that might be more truthful than the familiar ones.
III. Students develop strategies for handling stress and anxiety. A. Through various activities the students develop methods for dealing with life stresses.	A. 1. List socially acceptable ways of relieving unpleasant feelings. 2. Dramatize physical activities that are good safety valves when confronted with stress. 3. Set up a situation such as a quarrel. Discuss ways that the situation might be resolved.
B. The students develop plans for action when confronted with unsafe or emergency situations.	B. 1. Discuss the following hypothetical situations: a. Suppose you were playing at home and found a box of pills. What would you do? Why? b. Suppose that a friend asks you to eat or drink something that is strange. What would you do? c. Suppose that a younger brother or sister is chewing on something and there is an empty bottle nearby. What would you do? 2. Using toy telephones, teach the students to dial emergency numbers such as the fire department, the police department, the family doctor, and the operator.
IV. The students demonstrate the ability to make decisions and to arrive at conclusions. A. The students participate in planning the daily program.	A. The students can draw pictures to illustrate the normal activities in a day. Discuss how much time each activity should be allotted.

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B. Students are given opportunities to select materials.	B. Allow the students to choose their materials, such as the color of paper they will use or the game they will play.
V. The students develop a positive attitude toward interaction with their environment.	
A. The students become aware of peer relationships.	A. 1. Have students tell about experiences that are more fun to share with friends than to do alone. 2. Discuss reasons for having "best friends". 3. For discussion, ask: How can you have a "best friend" and still have other friends? What can you do to make friends when you are new to a school or neighborhood? What can be done to help new students feel at home? 4. Have students make a picture showing something they like to do with their friends. 5. Have students list those qualities which they like in their friends. Discuss ways in which these qualities may be developed.
B. Students recognize traits of sportsmanship, fair play, generosity, and kindness.	B. 1. Discuss how a good winner or loser should act. 2. Role-playing: Create a situation in which a student displays kindness or generosity. Have the other students evaluate the situation. 3. Read a story in which a person or animal is blamed unjustly for an action. Direct discussion towards the importance of getting all of the facts before arriving at a conclusion or making a judgment. Try to emphasize positive aspects of behavior.

C. Students are able to identify behavior related to imitation, dares, and teasing.	C. 1. Discuss ways that children imitate adults or older children. 2. Develop a list of traits that are worthy of imitating in adults or older children.
D. Students clarify the roles of parents and other authority figures.	D. 1. Have students describe what should happen if the following situations occurred: a. The janitor didn't come early to clean the room and turn on the heat. b. The lunchroom helpers didn't come to work one day. c. Their parents overslept some morning. d. The safety patrol members forgot to do their jobs. 2. Discuss ways in which children depend on their parents and other adults. Include policemen, firemen, and doctors. 3. For discussion, ask: Who takes care of you? 4. Invite the principal, nurse, doctor, or a parent to visit the class and discuss ways in which he or she tries to help people. Be sure to emphasize that the person listens to all kinds of evidence of symptoms before deciding what to do.
VI. Students learn to differentiate among the various aspects of normal growth and development.	
A. Students become aware of differences in physical growth.	A. 1. Record students' height and weight at the first of the year and again near the end of the year. Discuss the differences in these measurements.

		2. Discuss the ways and rates that people grow. Do babies and adults grow at the same rate?
B. Students realize the importance of good health habits in physical development.	B.	1. List some good health habits. 2. Discuss the importance of developing good health habits and what happens when these habits are followed.
VII. The students develop goals relating to their futures.		
A. Students begin to determine the kinds of personalities they want to have.	A.	1. Discuss students' roles in society. 2. Have students list characteristics of the adults they would like to become.
B. Students begin to think about their life work.	B.	1. Have the students make a list of occupations and discuss why they prefer various ones. 2. Have students draw pictures showing what they think particular occupations might be like.

Overview 4-6

The need for adequate drug education is greater today than at any other time in our history. There exists a need to provide in our curriculum a satisfactory, functional, and educational process that will influence young people to avoid experimentation and use of dangerous substances.

Adults in our society abuse drugs by taking medication for every minor discomfort. Their children see this. They also see with contempt parental or other adult dependence upon alcohol. Although research is incomplete for most of the drugs with which they are experimenting, young people are sure that their choices are better than the choices of their parents.

Punishment of drug users has not been successful in stopping drug abuse. It is time for education to cope with the drug problem. Teachers are in a position to encourage parents, students, and the community to remain level-headed about drug abuse. They can encourage an atmosphere in which students feel free to discuss their concerns.

We appeal to the teacher to serve as the indispensable link between the student and his awareness of the dangers of drug use.

Objectives

1. To help students make intelligent decisions concerning their mental and physical health.
2. To study the relationship between social problems and drug use in order to point out methods for solving these problems other than dependence upon drugs.
3. To trace the history of drug use.
4. To identify the sources and classifications of drugs.
5. To emphasize the benefits of drugs when they are used properly.

6. To show how alcohol, tobacco, and other drugs affect the human body.

7. To make pupils aware of the functions and importance of public health services.

8. To become familiar with laws and regulations concerning drugs.

Grades 4-6

Behavioral Objectives	Suggested Activities
I. The students become aware that mental health is an important part of the individual's total health.	
A. The students recognize that healthy personality development is encouraged by an understanding of himself and an awareness of individual differences.	A. 1. Answer and discuss the following: a. What makes a desirable personality? List characteristics. Which do you possess? b. Discuss what it means to be a "good sport", to be "popular", and to show respect for friends. c. Discuss the differences between heredity and environment. How can each influence personality? 2. Ask each student to select some person in the community whom he admires and describe this person for the class. Have the class discuss his personality traits. 3. Have students write descriptive paragraphs about themselves without giving their names Read the stories orally. See if the other students can recognize the writers from the descriptions. 4. Pose problems concerning strengths and weaknesses of different personalities. Have the pupils offer solutions and tell why they chose these solutions. 5. Assign a short written report on any accomplishment that the student might have achieved that made him proud of himself.

	6. Have students make a list of the things that have helped them to improve themselves.
B. Students learn to identify different emotions and their effects on body systems.	B. 1. Discuss what makes a person feel happy, sad, fearful, or angry and what people do as results of these feelings. 2. List various ways of dealing with unpleasant feelings. 3. Discuss why it is helpful to talk things over when one feels sad, angry, or fearful. 4. Have students observe brothers, sisters, or friends and see how they feel about and react to certain emotional situations. Write a short paragraph concerning these observations, then read these paragraphs and discuss them. 5. Assign a committee to study how body systems (endocrine, digestive, respiratory) are effected by emotions. 6. Ask at least one competent resource person to visit the classroom to explain how emotions and body functions are related. 7. Have students discuss controlling the emotional affects on quarreling.
II. The students recognize the importance of keeping the body healthy.	
A. Students recognize that following good health habits contribute to proper functioning of the body systems.	A. 1. Have individuals list and discuss five good health habits. 2. Discuss what happens to the body when good health habits are not established. 3. Discuss how health habits are more than personal, and how these habits affect others.

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B. The students display an awareness that external substances can affect the proper structure and function of body systems.	B. 1. Have groups make lists of the substances they consider drugs. Discuss these lists and explain why things like coffee, soft drinks, tobacco, and alcohol are considered drugs, and how each of these affects the body. 2. Review the functions of the different body systems and study them in relation to the following questions: a. How do drugs get into the body? b. How do drugs affect body functions? c. How does the body get rid of some drugs? d. How are the brain and nervous system affected by drugs? 3. Have students prepare a diagram of the bloodstream, showing how substances entering the body by any means are carried throughout the body.
C. The students become aware of precautions that must be taken to protect himself from dangerous household chemicals and drugs.	C. 1. Have pupils ask their parents what substances in their homes may be potentially harmful to the body, such as detergents, insect poisons, volatile chemicals, lye, and pills. Write on the chalkboard the name of each substance reported, then discuss with the class certain means whereby younger children may be protected from hazardous experimenting with dangerous substances. 2. Prepare an exhibit of dangerous household substances, including those containing volatile chemicals, and describe their proper use to the class. Discuss with the students various means of protecting oneself and others from harm resulting

from either inhaling the fumes, touching, or swallowing certain substances. Have the pupils make appropriate labels which can be placed on the containers to warn people of the possible dangers involved in using the substances.

3. Invite a chemistry or biology teacher to talk to the class about the nature of dangerous household chemicals and the precautions that should be observed in their use.

4. Compile a list of questions about problems which managers of local hobby shops, supermarkets, and novelty stores might encounter in selling substances containing dangerous substances. Have the students ask their parents to suggest ways in which these managers might handle such problems.

Encourage discussion of the findings and suggest additional helpful methods for solving these problems.

5. Discuss where household substances are stored in the home. Let the students decide what would be good storage places for these substances.

6. Create role-playing situations in which improper storage of substances led to an accident. What was done or could have been done to prevent it?

7. Have interested students make cartoons illustrating proper and improper storage of household substances.

D. The student will demonstrate knowledge about medicines that can help to keep the body healthy and functioning properly.

D.

1. Instruct students in library research on different types of medicines and their uses. Include antibiotics, insulin, antiseptics, analgesics, and vaccines.

2. Make a list of common antibiotics, sulfa drugs, and analgesics.

3. Have students develop a problem-solving approach to the topic, "Drugs and Their Proper Use," in which the whole class will be involved.

4. Have committees research the development and testing of new drugs by drug manufacturers.

5. Discuss reasons why only prescribed dosages of medicines should be taken.

6. Name and discuss commonly used drugs.

7. Seek explanation for the differences between drugs and medicines that are sold "across the counter" and medicines that are sold by prescription only. Through class discussion and question-and-answer activities, make sure that the students clearly understand these differences.

8. Make a list of common household medicines and discuss their uses.

9. Bring labels from some common antiseptics for the class to discuss. Have students discuss the labels of drugs, medicines, and antiseptics.

[Teacher should provide labels.]

10. Write stories about having to take prescribed drugs, answering the following:

    a. What was the illness or injury?

    b. What did your parents do?

    c. What did the doctor do?

    d. What drug was prescribed?

    e. How much was to be taken and how often?

	f. What were the results?
III. The students develop ability to analyze those group influences that are an important part of their development as individuals.	
A. Students identify the different groups which can influence individual development.	A. 1. Discuss the functions of groups that they can belong to. (Athletic teams, clubs, Scouts, or other formal or informal associations.) 2. List and discuss groups in the community. 3. Act out real-life situations dealing with problems arising in desirable or undesirable groups. 4. Have students discuss what type of groups the family is. 5. Compare family life around the world. 6. Make a list of some common family problems. 7. List and discuss individual needs met by different groups.
B. The students learn to recognize their responsibilities to the group and the group's responsibilities to him.	B. 1. Have students make charts or posters showing good and bad manners at home. 2. Discuss manners used at school. 3. Discuss the importance of having laws. Discuss the chaotic conditions that would exist in the community if there were no laws. 4. Have students list their responsibilities at home. 5. Lead a discussion on the importance of sharing within the family. 6. Discuss how mature feelings of self-worth, a sense of responsibility, and friendliness are necessary to our social development.

IV. The students develop a historical perspective toward drug use.

A. Students learn the history of drug use.

A.

1. Have students study how man discovered the uses of plants, leaves, herbs, barks, berries, and nuts to produce drug effects for medical remedies, religious rites and as substitutes for ways of life.

2. Collect information on early ideas about medicine, especially in relation to magic.

3. Have students draw pictures to illustrate:

   a. Man using drugs in religious rites

   b. Man using drugs from plants to ward off evil spirits as a cure for disease

   c. Man using drugs to relieve discomforts.

4. Have students report on the discovery and early use of such medicines as antibiotics, sulfa drugs, and vitamins.

5. Do research on famous men in medicine and their contributions.

   a. Louis Pasteur
   b. Joseph Lister
   c. Sir Alexander Fleming
   d. Dr. Walter Reed
   e. Robert Koch
   f. Jonas Salk
   g. Albert Sabin

6. Ask individuals or committees to do reference work on the following and report to the class:

   a. Drugs derived directly from natural sources and still in use today.

   b. The development of synthetic drugs and their importance in medicine today.

7. Make a chart (see below), and develop as reports are given.

Drug	Form	Where it came from
Aspirin	Tablet	
Digitalis	Tablet	
Quinine	Tablet	
Tincture of Iodine	Liquid	
Metholatum	Salve	

V. The students realize the physiological, psychological, and sociological effects of drugs.

A. The students identify the rules for proper drug use.

A.

1. Make a list of rules to follow for the proper handling of medicines.

These rules should be included in the list:

A. All medicines must be labeled properly with:
   1. Name and description of drug
   2. Recommended dosage
   3. Directions for administering
   4. Possible effects and side effects
   5. Warnings -- i.e., if habit forming
   6. Conditions under which drug should not be taken

B. Do not take medicines that have been prescribed for someone else, even if similar symptoms are evident.

C. Keep all medicines and medical supplies in a safe place, particularly in a place that is out of reach of very young children.

D. Decide on the best methods for disposing of pills and other medicines that have lost their effectiveness.

2. Let the students role-play a situation in which a person with a bottle of pills offers one of them to a friend who is complaining of a minor ailment. The friend refuses to take the pill, then describes the dangers of accepting pills from any unauthorized individual.

B. The student recognizes that drugs can be damaging to the body and should be used only under special conditions.

B.

1. Define <u>drugs</u>.

2. Make a list of as many substances as possible that can be termed "drugs".

3. Discuss information the pupils may already have about stimulants, depressants, hallucinogens. Perhaps some of the pupils have used some of these for medical purposes. Have the children list those they know about.

4. Have students organize the drugs into the following categories:

Narcotics Stimulants Depressants

Hallucinogens

5. Debate the question, "Why should alcohol and tobacco be considered drugs?"

6. Have students draw posters showing good and bad effects of drugs.

7. Have the students role-play situations showing medical use and abuse of drugs.

8. Have students do research on marijuana in relation to the following:

a. Identification of the plant (leaf, packaged, unpackaged)

b. How it is used (illustrate differences between marijuana cigarettes and commercial cigarettes)

c. How it is obtained

d. What does science know about it?

e. What does the law state about it?

9. Discuss the following questions in relation to the narcotic drugs:

Emphasize positive aspects
a. What are narcotics?
b. What are the effects of the drugs?
c. Who takes narcotics?

10. Discuss reasons why no person should take narcotics unless they are prescribed by a doctor.

11. Have students discuss the dangers of inhaling volatile substances.

C. The Students display an awareness of the various reasons for the abuse of drugs.

C.

1. Have pupils list reasons why some people might experiment with or misuse dangerous drugs.

Indicate that these drugs are essentially "reality modifiers". They create a false sense of well-being by dulling or distorting sensory perception and provide a temporary means of escape from personal difficulties, either real or imagined.

2. Discuss methods of coping with problems other than by "escaping" through drugs.

3. Summarize the risks involved in experimentation with drugs.

4. Have the students write a short paragraph explaining what to do if someone offers them or tries to sell them drugs.

5. Discuss the following in relation to drugs:

   a. Cost
   b. Penalty
   c. Effects on one's future
   d. Effects on society

D. Students recognize that effects of drug abuse are physiological, psychological, and sociological.	D. 1. Discuss questions such as the following: a. How can drug abuse affect family relationships or group relationships? b. What are the financial demands of drug abuse, on the user and on society? c. What effect does drug abuse have on crime and delinquency rates?
VI. Students distinguish between sensible and exaggerated claims in advertisements for drugs and medicines.	
A. The students will learn to identify the validity of advertisements in regard to drugs and medicines.	A. 1. Arrange for class members to construct a bulletin board with appropriate titles conveying ideas about drug advertising. 2. Encourage students to bring a variety of medicinal advertisements to class. a. Discuss various terms used. b. Analyze these advertisements along with television and radio commercials, with respect to their influence upon public attitudes about medicines, drugs, pain, anxiety, and problem solving. 3. Act out various medicine commercials, emphasizing extravagant claims or dangers of improper use. Discuss the validity of advertising claims. 4. List on the board positive and socially acceptable ways of changing or relieving unpleasant feelings. Why are these ways better than using a chemical agent?

VII. Students recognize the importance and functions of federal, state, and local health services and their roles in combating drug abuse.

A. Students will learn of the function and services provided by the various agencies in combating drug abuse.

A.

1. Find out the roles of the federal, state, and local health services in problems of drug abuse.

2. Find out what controls are placed upon the manufacture and sale of patent and prescription medicines, and the laws that establish these controls. Are these laws forced?

VIII. Students display knowledge of laws and regulations, concerning drugs and the community's responsibilities in regard to these regulations.

A. Student will learn of the legal aspects of the use, misuse and abuse of drugs.

A.

1. Discuss how treaties, pacts, and agreements are made to limit production and shipments of drugs from one country to another.

2. Find out what laws Texas and the Federal Government have in regard to drugs.

3. Encourage development of an appreciation for law-enforcing personnel through the use of poster campaigns, discussions, and programs.

Overview 7-9

During adolescence, the child develops physically into an adult. Today's adolescent is striving for independence, self-identity, and social position in a technically complicated world which places less and less value on the individual.

Meeting the following objectives will give junior high school students the factual material from which to build healthy mental attitudes and values regarding acceptable social behavior.

Objectives

1. To motivate rational thinking by teaching the physical properties of various drugs and the effects they have on the body.

2. To establish a classroom environment which encourages free expression and exchange of ideas without fear of demoralization or criticism by the teacher or other students.

3. To broaden the knowledge of man's use of drugs by studying the history of drug use, including a study of state, national, and international laws guarding production and distribution of drugs.

4. To promote character and moral values through education about drug use.

5. To comprehend that the processes of maturation and sexual development are unique for each individual, both psychologically and physiologically.

Behavioral Objectives	Suggested Activities
I. Students become aware of the fundamentals of normal growth and development.	
A. Students learn of man's basic physical needs.	A. 1. List the basic physical needs of man, then discuss how these needs are provided. These should include food, shelter, sleep. 2. List factors that prevent or interrupt the fulfillment of man's needs. These would include accidents, death, natural hazards. 3. Discuss ways man substitutes for basic physical needs. 4. Discuss what happens when normal processes of meeting basic physic needs fail or are blocked.
B. Students learn of man's basic psychological needs.	B. 1. List the basic psychological needs of man. These should include emotional development, satisfaction, and happiness. 2. Discuss how students' psychological needs develop and how they are met. 3. Have students list ways man uses substitutes to fulfill psychological needs.
C. Students develop an understanding of self in regard to physical and psychological needs.	C. 1. Have students make a chart of their physical development as compared to the development of their peers. 2. List some characteristics of a physically "fit" person.

3. Have students discuss what they expect from their friends.

4. Discuss what students feel are their responsibilities to their friends.

5. When you and your friend differ on some important issue, how do you solve the problem?

III. Students learn that drugs have various physical properties and various effects on the body.

A. Students learn that various drugs alter the physical and mental functions of the body

A.

1. Define the word <u>drug</u>.

2. List the official names and slang names for some drugs.

3. Find out what are considered safe dosages of medicinal drugs.

4. List the physical effects of such drugs as amphetamines and barbiturates.

5. Find the length of time these drugs will be active in the body.

6. Name the method of taking each drug.

7. Report on the legitimate uses of some of these drugs.

8. Explain the possibility of psychological dependence or tolerance.

9. Explain the possibility of physical dependence or tolerance.

10. List social factors that can cause people to use drugs unwisely.

11. Have students list all the drugs and medicines in their medicine cabinets at home.

B. Students learn that there are laws regulating the manufacture and distribution of drugs.

B.

1. Visit your pharmacist and see the means he uses to make precise measurements and keep sanitary conditions.

3. Develop a list of good individual health habits.

4. Discuss the following questions:

   a. What do you think are the most important psychological needs of your age group?

   b. How do you think your family, community, church, and school have influenced you by gratifying your psychological needs?

5. What are the psychological pressures you feel in school? at home? with your friends? what systems or approaches do you use to try to handle these pressures?

6. Do you experience different psychological needs with different groups of people? Why is this so? How do you cope with the different situations?

II. Students realize that environment, attitude, and experience are factors which affect their development.

A. Students become aware of the influences of home and family.

A.

1. Discuss students' roles in their families.

2. Discuss the responsibilities placed on each student by his family.

3. List activities students do with their families.

4. Are responsibilities different from family to family? within the same family? are the differences justifiable?

B. Students understand peer interaction.

B.

1. Have students list characteristics they look for in friends.

2. Discuss the importance of friends; opinions.

2. Look up the educational and professional requirements for a pharmacist.

3. Report on the laws regarding the dispensing of drugs by prescription.

4. Invite law enforcement, medical, legal or other qualified personnel to talk with the class.

C. Students analyze drug advertising to realize that non-prescription drugs are dangerous if misused.

C.

1. Watch television and write down the names of products which are advertised as drugs. Note the results they promise to bring about.

2. Cut out magazine advertisements for tobacco, alcohol, and drugs. Analyze the psychology used by the company to pursuade the public to buy the product.

IV. Students study the history of drug use with respect to state, national, and international laws.

A. Students understand how certain drugs have affected society development in the areas where they are produced.

A.

1. Research use of opium and marijuana in religious ceremonies, in medical practice, and for pleasure in the countries where they originate.

2. Study the development of the civilizations in the countries to which these plants are native.

3. List uses of drugs by ancient and medieval civilizations.

4. List uses of drugs by modern and contemporary civilizations.

B. Students become aware of the restrictions placed on drug traffic.

B.

1. Look up recent actions or statements the United Nations has made pertaining to drugs.

2. What is the function of the following?

Permanent Opium Control Board
Drug Supervisory Board
Commission on Narcotic Drugs
World Health Organization
Interpol

3. Why were the following passed?
   Harrison Act
   Amendments to Harrison Act
   Narcotic Import and Export Act
   Marijuana Tax Act
   Opium Poppy Control Act
   Boggs Act
   Boss-Daniel Amendment
   Drug Abuse Control Amendment
4. What are the functions of the Food and Drug Administration and the Federal Trade Commission?

C. Students understand that Texas has strict laws regarding drug use because of its proximity to Mexico.

C.

1. Study Texas drug laws:
   a. State Statutes, Article 725b
   b. Penalties
2. Cut out newspaper articles reporting drug raids or convictions in the area.
3. Contrast the laws in Texas with the laws in another state.

V. Students learn to understand and to control their reactions to stress.

A. Students understand their own outlets for stress and decide which ones are best.

A.

1. List the physical ways people react to stress (fainting, screaming).
2. List the psychological reactions to stress (suicide, nervous habits)...
3. Consider hobbies which people engage in to remove themselves from the routine of everyday life.
4. Write a theme on the role of sports as an outlet for tension.
5. Explain how physical means can be used to release tensions. Give examples:
6. Explain how you would react to a given situation with these various feelings: happiness, sorrow, depression, illness, fatigue.

	7. Read a story involving a person in stress and have the class write or act out how they would try to counsel that individual in order to prevent any drastic action. 8. List individuals who are available for counsel during times of stress. (Teacher, parent, other relative, minister, doctor.)
B. Students realize that mental health is as important as physical health.	B. 1. Define mental health. 2. Describe the difference between mental and physical health. 3. Discuss how physical health can affect mental health. Can mental health affect physical health?
C. Students become aware of agencies that will provide help or information regarding health.	C. 1. What is a psychologist? What are the requirements for this vocation? 2. What is a psychiatrist? What are the requirements for this vocation? 3. What agencies provide free literature for the public regarding health? 4. List the agencies one could contact when stress becomes too great and help is needed. 5. Visit an agency and report on its findings and functions.
D. Students learn to better relate to others and to their environment through increased self-understanding..	D. 1. Imagine a stressful situation, then write down all the ways one could react to it. Underline the most reasonable and desirable reactions. 2. Have students list the outlets they use to relieve their tensions. 3. Practice adopting healthy, optimistic attitudes when in stressful situations.

E. Students learn to be considerate of others.	E. 1. Explain why it is important to listen to and try to help anyone who is emotionally upset. 2. Explain how your actions or words could be misinterpreted by a person who is upset. 3. Create a situation in which a person acts in an antagonistic manner towards another. Have the class write their feelings about why the person acted this way and have differing opinions read aloud.

Overview 10-12

We are a drug-using society. The abuse of dangerous drugs is a growing problem across the nation, since a large segment of our population looks to drugs to alleviate many physiological and social discomforts. The reasons for this abuse are complex, and there are no easy solutions. With these facts in mind, educators are faced with a new and significant dilemma.

Educators must make students aware of the facts of drug use. Teenagers are demanding of and are entitled to honest and accurate answers. We must realize that students today are experiencing many emotional difficulties. Drugs per se are not the issue, but rather, the reasons for their use. Educators must learn to recognize behavior that is associated with the potential "drug abuse personality" and must give students opportunities to cope with life stresses other than by using drugs.

Legal measures alone will not curb drug abuse, yet students should become aware that they can be punished severly by law for the possession, manufacture, or sale of certain drugs.

This guide is written to give the teacher ideas, materials, and suggested activities in order to help the students arrive at reasonable actions to guide their lives.

Objectives

1. To inform students of the facts about drugs.
2. To inform the students about local, state, national, and international drug laws.
3. To make students aware of the personal, social, and economic problems leading to the misuse of drugs.
4. To inform students of the consequences of a drug-centered existence.

Grades 10-12

Behavioral Objectives	Suggested Activities
I. Students better understand themselves and their surroundings.	The following activities could be used in class discussions, small group discussions, and for self-analysis through theme writing, character sketches, and descriptive paragraphs.
A. Students will recognize the role that self-concept and emotions play in the development of values.	A. 1. To determine the extent of the students' value-systems, use the following topics: What are your values? How do you form values? (Based on family, church, peers.) Discuss your three most important values. How permanent are your values? Write the personal code of ethics that you live by. Discuss how you arrive at a decision. 2. To help the students recognize how their emotional make-up is an integral part of their self-concept, use the following questions: How do you react to failure? success? disappointment? happiness? conflict with parents? What is the biggest thrill you have experienced? What is your "pet peeve" and why? What characteristics do you look for in a mature person? How do you react to an attack on your beliefs? How do you act when you lose your temper?

3. To determine students perception of his self-concepts use the following topics:

Define self-concept.

How do I see myself?

How do I feel I appear to others?

What are my aims in life?

Twenty years from now, I _____ .

What do I like and/or dislike about myself?

B. Students will develop an awareness of the effects of interaction within peer, family and adult groups on the development of personal values.

B.

1. To measure the extent of the influenced of the students' home and family environments, select from the following:

Have students describe what they consider a model family.

Have students list the roles, as they see them, of each family member.

What is expected of you by your family?

How are decisions made in your family? What is your role in the process?

What do you owe your parents?

What do you feel your parents owe you?

On what valued does your family operate?

List and criticize your duties in the family.

What activities do you and your family participate in as a group?

When you disagree with your parents, how is the disagreement solved?

Role-playing: Create a situation in which a student's parents discover that he is using drugs.

2. To measure the extend of the influence of peer group interaction on the students' behavior, select from the following activities:

   Have students list the characteristics they look for in their friends.

   What types of activities would you rather do with your friends? alone?

   Have students list reasons for accepting or not accepting another person into their circle of friends.

   What would you consider a true test of friendship?

   How much do you rely on your friends?

   What is more important to you in making a decision, your own opinions or those of your friends?

   Role-playing: Create a situation in which a student is offered drugs, and show how his friends influence his decision to accept or reject the drugs.

3. To determine the importance of the school environment on a student's behaviors, select from the following:

   Have students list what they like and/or dislike most about school.

   What is your favorite subject? Why?

   What do you feel needs to be improved in your school? Why? How?

   To whom can you go at school for solutions to your problems?

   How important are grades and accomplishments to you?

What do you see as your role in the school program?

4. To measure the effect of the community's interactions on the students' behavior, select from the following:

   What community activities do you like the best?

   What role does your church play in your life?

   Have students list five community leaders and tell why they feel that these people are leaders.

   What do you feel is the role of the police in the community?

   If you were a policeman, what would you do if _____?

   Role-playing situation: Students assume roles as leaders in a community faced with a major drug problem.

   Role-playing situation: A student assumes the role of a policeman discovering the illegal sale of drugs on school property.

C. Students will develop awareness as individuals'personal values in relation to today's drug problem within the community.

C.

1. To determine to what extent the students' value systems allow them to live in a drug-oriented society, use the following topics:

   What does the drug problem mean to me?

   Why would I want to take drugs?

2. Using value judgements, have students react to the following reasons given for taking drugs: curiosity, desire for kicks, escape from reality, ease of pain, religious revelation, mind expansion, conformity, rebellion, availability, boredom.

3. Role-playing situation: You are approached by a friend on drugs wanting help. What would you do?

II. Students will develop an understanding of the physiological problems associated with drug use.		
	A. Students are able to list and define terms associated with drugs.	A. 1. Have the students define the word drug. 2. Have students list and define as many words and terms as they can that refer to drugs. 3. Define the following terms: narcotic, stimulant, depressant, hallucinogen, drug abuse, dependence, and tolerance. See appendix - glossaries
	B. Students demonstrate an awareness of the various types and sources of drugs.	B. 1. Have students distinguish between natural and synthetic drugs. 2. In chart form, list drugs that come from plant, animal, and mineral sources. 3. Compile a list of important new synthetic drugs. 4. Report on the differences between the four basic drug categories: narcotics, stimulants, depressants, and hallucinogens. 5. Have the class organize into small groups and ask each group to select several drugs for study. Report findings to the class. Reports should include the following information: Origin of the drug Description of drug in original form Form in which it is sold Medical use, if any Slang names commonly associated with the drug.

6. Have students report on the differences between patent, over-the counter, and prescription drugs.

7. Have a student talk to a pharmacist and report on drugs available with and without prescriptions.

8. List common household drugs.

9. Have students report on the different ways drugs enter the body.

C. Students will develop an awareness of the historical significance of drugs.

C.

See appendix - history

1. Trace the history of the use of addicting substances.

The effects of opium, hashish (marijuana), and cocaine have been known for centuries and were used for ceremonial purposes among primitive tribes.

2. Divide the class into groups to trace the history of drug use based on either historical eras or geographical areas.

3. Have students report on medicinal herbs and old-time "home remedies."

4. Have students report on the use of drugs in religious rites.

5. Using an old almanac or mail-order catalogue, compare drug "claims" then and now.

6. Have students report contrasting social attitudes towards alcohol and morphine use during the 19th and 20th centuries.

7. Have students construct a graph tracing the changes in public attitude toward drug addiction from 1890 to the present.

D. Students will develop or demonstrate knowledge of how drugs, tobacco, and alcohol, when abused, affect bodily functions.

D.

See appendix - chart

1. Divide the class into four groups to study and report on the effects when abused of narcotics, stimulants, depressants, and hallucinogens.

2. Have students learn the physiological effects of drug withdrawal.

3. Report on hepatitis and how it is spread.

4. Research the question of chromosomal abberation with LSD.

5. Define drug tolerance and list its effects.

6. Research the physical effects of mind expansion claimed by drug users.

7. Research the effects of drugs on pregnant women and their children.

8. Have students bring articles dealing with the physical effects of drug abuse. Discuss these.

9. Have a student interview a doctor about the physical effects of drug abuse and report to the class.

10. Research the effects of drug abuse on normal nutrition.

11. Discuss the results of mixing drugs and alcohol.

12. Report on the physical effects of both moderate and heavy use of alcohol.

13. Define cirrhosis of the liver and explain what it does to normal body function.

14. Write a report on the effect of excessive drinking on normal nutrition.

15. Take a classroom survey asking students whether or not their parents smoke.

16. Discuss why people smoke.

Include why they continue despite data showing smoking's harmful effects.

17. Debate the pros and cons of smoking.

18. Report on the physical effects of tobacco.

E. Students develop awareness that drugs can be used beneficially.

E.

1. Have students trace the use of drugs as cures and treatments for disease.

2. Report how the following have helped man: hormones, antibiotics, antiseptics, anesthetics.

3. Have a public health officer or doctor talk about the effects of modern drugs on man's health.

4. Have students research and report on the methadone studies.

5. Have students report on the "beneficial" claim made for the following drugs: opium, morphine, stimulants, barbiturates, marijuana, LSD, alcohol.

See appendix - drug facts

F. Students will develop an awareness of the characteristic behavior of persons under the influence of drugs.

F.

1. Have students research the use of any definitive test used to determine whether a person is under the influence of drugs.

Nalline tests, urinalysis, chromatography tests.

2. Compile a list of characteristics showing a person's behavior while under the influence of the following:

narcotics, stimulants, depressants, hallucinogens, alcohol.

III. Students understand the social effects of drug abuse.

A. Students begin to develop insight into social problems and possible solutions.

A.

1. Have students, through discussion, arrive at a definition of <u>social problem</u>.

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	2. Discuss the difficulty of solving social problems. 3. Divide the class into small groups. Have each group identify some pertinent social problem and formulate a plan for solving this problem
B. Students gain an awareness and understanding of the consequences to the individual of living in a drug-oriented culture.	B. 1. Have students report on how the following factors affect an individual's use of drugs: family, peers, school, standard of living, delinquency and crime, future. 2. Debate the questions: Do drugs lead to criminal acts? Do drugs being out the criminal nature of an individual 3. Have students compile statistics to illustrate the annual cost of drug abuse to the individual. 4. Have a panel discussion on the problems that face the drug abuser. 5. Have the students make lists of their individual responsibilities to themselves, to their families, to their friends, to their schools, to their communities, and to their country. 6. Assign students to investigate and report on the importance of personal records to potential employers. Interview local employment people or businessmen. 7. Have students, through discussions, correlate drug abuse and school performance.
C. Students acquire an awareness of the influence of movies, television, and the printed word on attitudes and behavior.	C. 1. Debate the question: Should advertising of alcohol be banned from radio and television? 2. Have students collect ads for drugs and discuss the different ways these drugs aid man.

3. For class discussion, have students collect articles from newspapers and magazines relating to drug abuse.

4. Have students compile a list of recent movies in which drug use was shown.

5. Discuss the credibility of advertisements for drugs, alcohol, and tobacco.

6. Discuss whether commercials influence students' decisions to buy drugs and medicines.

D. Students analyze the importance of the emergence of a drug-oriented sub-culture.

D.

1. Define sub-culture.

2. Have students list the differences between today's drug-oriented sub-culture and the rest of society.

Include morals, attitudes, and values.

3. What effects do you feel the following have had on today's society? Do those who relate to these constitute a sub-culture?

3. Do these constitute a sub-culture?
   a. Hard rock
   b. Psychedelic light shows
   c. Psychedelic art
   d. Mod fashion and dress
   e. Drug usage by popular entertainers
   f. Protest movements and their songs
   g. Pop festivals
   h. Hippie stereotypes
   i. Hair fads
   j. Slang terms
   k. Communal living
4. Have students list the new terms used by members of their own particular group. Compare and analyze the different terms.
5. Discuss what the term "Tune-in, Turn-on and Drop-out" mean to them.
6. List reasons why the new drug-oriented sub-culture came into being.
7. Debate the question: Is the drug-oriented sub-culture only a fad?
8. Discuss what society has done to create today's drug-oriented sub-culture.
9. Have students analyze the drug references in some of today's music.

Has there ever been similar situations where music was used to relate a message?

10. Debate the topic: The new trend of "pop" festivals has led people to abuse drugs when they would not do so otherwise.
11. Where do students draw the line for what they consider acceptable behavior?

E. Students recognize the existence of society's apparent paradoxical attitudes.

E.

1. Debate the topic: Our society places double standards on the term <u>drug abuse</u>.

For example: caffeine, nicotine, and alcohol are acceptable drugs.

2. Discuss the concept, "Do as I say, not as I do."
3. Organize discussion groups on the doubtful standards set by "the establishment."
4. List the differences between smoking cigarettes and smoking pot.
5. Debate the question: Alcohol is legal -- why not marijuana?
6. Debate the question: Would legalization of drugs lessen the drug abuse problem?
7. Discuss how attitudes concerning alcohol differ among religious groups, ethnic

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	groups, and socio-economic groups. Do these different attitudes exist in regard to drugs?
	8. Have students conduct a survey on parental attitudes about teenage drinking. Tabulate the results and discuss the implications.
	9. List similarities and differences between smoking cigarettes, drinking alcoholic beverages and smoking marijuana.
F. Students learn of society's efforts to solve the drug problem.	F.
	1. Debate the topic: Society can / cannot help a drug abuser.
	2. Assign students to write an essay on whether or not the problem of drug abuse will ever be solved.
	3. Debate the topic: Drug abuse should be treated as an illness, not as a criminal act.
	4. Assign students to write reports summarizing existing community programs for the prevention of drug abuse.
	5. Have students evaluate some of the current philosophies concerning the treatment and rehabilitation of the drug abuser.

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Advisability of government controlled clinics for the dispersing of drugs to abusers, compulsory hospitalization of abusers, and halfway houses.

6. Develop a list of agencies that protect the consumer and the general public against illegal drug activity

See appendix

7. Create a sociodrama in which a community is faced with a critical drug problem. Have students develop a plan of action for solving the problem and develop a long-range program for prevention.

8. Have informed people talk to the class about what society is doing about the drug problem.

Social workers, psychologists

9. Have students discuss what they feel the school's role should be in dealing with today's drug-oriented society.

IV. Students understand the legal aspects of abuse of drugs.

A. Students learn of the historical development of and the need for drug control.

See Appendix: Laws

A.

1. Have students write the Bureau of Narcotics and Dangerous Drugs or the Food and Drug Administration for materials relating to drug laws and penalties.

2. Have an informed person speak to the class on what determines whether a drug is legal or illegal.

   Narcotic agent, pharmacist, or other law-oriented person.

3. Invite a judge or law enforcement officer to speak to the class regarding his opinions about steps which might control drugs.
4. Trace a drug-affecting bill through the procedure necessary for it to become a law.
5. Have the students participate in group discussions to answer the following questions: What changes would you make in the present laws, or what new laws would you make to control more effectively the misuse of drugs? Why?
6. Have students research and report on how earlier civilizations regulated the use of drugs.
7. Construct a time line summarizing the major international agreements which have been negotiated to suppress illicit drug traffic.

   See Appendix

8. Have students construct a time line summarizing the major federal legislation enacted to suppress traffic of illegal drugs.

See Appendix.

9. Assign students to report on the states having the highest incidences of drug addiction and have them suggest some of the factors which may be responsible for these facts.

10. Discuss the reasons for the existence of illicit drug traffic.

11. Divide the class into committees and have them identify the responsibilities of high school students in preventing the spread of drug abuse. Ask them to suggest measures, including needed legislation, to curb the problem of drug abuse.

12. Research and report on how the Food and Drug Administration approves and regulates a particular drug.

B. Students gain an understanding of how society has developed procedures and agencies to control the drug problem.

B.

1. Have students prepare a chart listing the addresses and functions of the various agencies that work in controlling drug abuse.

Grades 10-12

2. Discuss the purposes of federal and state laws relating to the distribution and dispensing of drugs.
3. List some of the procedures through which the distribution and dispensing of narcotics and other dangerous drugs are regulated in an effort to assure that such drugs are readily available for medical treatment, while at the same time not being illegally diverted to misuse.
4. Have students identify the international organizations that exist for controlling narcotic drugs and discuss briefly the activities of each organization.
5. Discuss the activities of federal, state, and local law enforcement agencies in suppressing illicit drug traffic among the states.
6. Assign a committee to investigate the extent to which drug abuse is a problem of local law enforcement.
7. Debate the question: Are people treated differently for arrest on drug charges than for arrest on other charges?

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C. Students gain an awareness of the implications society has placed on the individual who abuses drugs.	C. 1. Discuss the inconsistency of penalties of drug laws as compared to penalties for other crimes. 2. Invite a law enforcement agent to talk to the class about the penalties associated with drug possession. 3. Have students list all of the rights they lose when convicted of drug possession. 4. Debate the question: Are drug penalties too severe?

Appendix and Resource Materials

I. A Brief History of Drug Abuse

II. Resource Agencies

III. Physiological and Psychological Facts About Drug Abuse

IV. Glossary of Technical Terms

V. Slang Glossary

VI. Drug Laws

VII. Pupil Survey Blanks

VIII. Drug Chart

IX. Film Review

X. Book List

XI. Pamphlets and Paperbacks

XII. Bibliography

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A Brief History of Drug Abuse

Despite the widespread publicity about it today, drug abuse is not a phenomenon of the Twentieth Century. Man has gone through cycles of intense drug misuse before as he experimented in an effort to escape reality. Many types of drugs have undergone periods of popularity and declind. Today, so many drugs and chemicals are parts of our lives that we hardly recognize them as drugs. Because we live in what seems an age of miracles, we expect a pill or a drug to cure our hurts, to provide instant happiness or maturity. It often takes many years to recognize the harm that a certain drug can do, so there has always been a long period between the start of widespread misuse of a drug and the full recognition of its harmful effects. Some of today's drugs are known to be harmful, while others are claimed to be safe.

Probably the first truly abused drugs were the opiates, used since recorded history for a variety of reasons. Primitive people used drugs to induce states of intoxication during religious rites or to prepare warriors for battles. Ancient civilizations used opium for a pleasurable experience. Its use for sleep-inducing and pain relief were well known during the Greco-Roman period. In medieval Europe it was used as a panacea for man's ills. In Renaissance Europe it was used to treat husteria. Opium use spread throughout the world, both as a medicine and as a drug of indulgence. China probably produced the first epidemic of opium addicts, which led to the Opium Wars between China and Great Britain in the nineteenth century.

Opium was used in the United States during colonial times to treat diarrhea and gynecologic disorders. In spite of its wide medical use, the addictive properties of opium were not understood by the medical profession. This problem of addiction was compounded in the 1800's by the discovery of two opium alkaloids, morphine in 1805 and codeine in 1832. The properties of these drugs were not

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understood, either. The magnitude of the opiate problem was increased by medical use of opium drugs to relieve pain and discomfort and the increase in self-medication with opium preparations. The growth of advertising expanded promotion of the ever-increasing number of patent medicines containing opium and opium derivitives. Another important factor in influencing the spread of narcotic addiction was the invention of the hypodermic needle in the 1840's.

The use of morphine and opium to stop suffering among the soldiers during the Civil War addicted so many that narcotic addiction became known as the "Soldier's Illness." An increasing number of immigrants from the Orient in the 1880's brought more and more opium users. Since opium and its derivatives had important medical uses they could be bought legally and inexpensively in any pharmacy and were used in most homes. When physicians recognized opium addiction, they failed to recognize that morphine and codeine were also addicting. Therefore, morphine and codeine were administered to cure the opium habit, with the result that opium addicts merely transferred from one addicting drug to another.

Heroin was synthesized in the late 1800's and became a prime drug for treatment of morphine addiction. It, too, was found to be severely addicting. At the end of the Nineteenth Century there were approximately 250,000 addicts in the United States. Addiction was becoming a social problem during the Nineteenth Century, but the medical profession slowly became aware of the problem, with much controversy over the effects and dangers of drug use. Until the late Nineteenth Century, the medical profession generally put opium abuse in the same category as alcohol abuse. Opium indulgence in America in the 19th Century cut across economic and social lines. Opium eaters usually came from the middle and upper classes and included some of the more famous writers of the time. The use of opiates was not offensive to public morals, and opium users, usually because of their social standing, suffered little public condemnation. Those who became addicted were more often pitied than condemned, and the drug itself was held to

blame, not the user. Opium smokers, usually either members of the underworld or Chinese railroad laborers, were not looked upon with as much favor by the public.

By the late 1890's public attitudes toward narcotic use began to change as the dangers of addiction became better known. Realization that local and state laws were inadequate and growing public concern over the magnitude of the narcotic's problem led to Congress' passage of the Harrison Act in 1914. As addicts were cut off from legal, over-the-counter sale of addicting drugs they turned to the underworld market for their supply, and soon the public began to link illicit drug trafficing with organized crime. As illegal traffic grew, officials found that they had to "crack down" harder, with more arrests and compulsory drug withdrawals in controlled settings. By World War II, the number of known addicts was reduced to less than 60,000 in the United States. Today, addiction is on the rise again, especially among the young people. Methadone, a synthetic morphine derivative, is being expe imented with as a cure for heroin addiction, but it, too, has been found to be addicting. There is considerable controvery over its use and the uses of other synthetic drugs and other rehabilitation programs to cure the addict.

The use of marijuana, the Canabit Sativa L. plant, was reported in Chinese writings of several thousand years ago. As early as 2700 B. C., the Chinese Smperor Shen Neng recommended its use for gout, constipation, and absentmindedness. Today, marijuana is grown in mild climates throughout the world, especially in Asia, the Middle East, Mexico, Africa, and the United States. There is a significant difference in the strength of the drug grown in different parts of the world, with the variety grown in the United States being much milder than that grown elsewhere.

Marijuana was first used in the United States during the Revolutionary period, but it was seldom abused here or in other Western cultures until the mid-nineteenth century. Literary words of several writers of the period made

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references to the drug. The use of marijuana in the United States greatly increased in popularity during the 1920's when alcohol was prohibited. The drug usually entered the United States through the Southern states, brought by Mexican laborers.

The marijuana habit spread throughout the United States, and as its use spread newspapers began to publicize the effects of the drug. The sensationalism of these newspaper stories reached a peak when marijuana was brought under the Marijuana Tax Act in 1937. Previously there was a higher incidence of marijuana use among the lower socio-economic groups of Negroes and Latin-Americans. Today the percentage of white users is increasing, with middle and upper classes showing higher instances of marijuana use than before. Marijuana has become popular with young people, and its popularity is greater today than at any time in history. It is used for its intoxicating effects and has no known medical use. Controversy continues about the dangers and penalties of marijuana use.

A fad similar to today's glue sniffing developed in the 19th Century when ether and nitrous oxide (laughing gas) were discovered. Such institutions as Cambridge and Harvard had their share of young people who gathered for parties to try out these drugs. Ether, when it first appeared, was highly regarded as a consciousness expander. Nitrous oxide was the primary Nineteenth Century psychedelic, widely used by artists and students for the sensations and fantasies it caused. The fantasies, universal truths, and insights they experienced were widely reported. On many college campuses and at more fashionable dinner parties, laughing gas was the only "genteel way to become potted" and lose one's inhibitions. For a quarter, a person could inhale nitroud oxide at fairs and sideshows with experiences ranging from good to bad. Today, these substances have been replaced with solvents. These include model airplane glue, lighter fluid, paint thinner, shellac, gasoline, nail polish remover, freon, and cleaning fluids. All of these solvents have enjoyed popularity among the young people.

Other widely abused drugs of our time belong to the sedative category. The most famous drugs in this category are the barbiturates, first introduced in 1903 by German scientists. Many derivatives of barbituric acid have been synthesized, but only about thirty are widely used in medicine today. Barbiturates are primarily used as depressants of the central nervous system, treatment of epilepsy, high blood pressure, insomnia, mental disorders, and before and after surgery. By 1937, the American Medical Association began to warn of the dangers of barbiturate use. Production of barbiturates rose sharply in the 1940's, as did deaths due to barbiturate abuse. In 1949, one fourth of all people being admitted to hospitals for poisoning were suffering from the effects of barbiturates. The barbiturate users developed their own terminology connected with the drug's use. "Goof balls" or barbiturates mixed in alcohol became known as "Wild Geronomo". "Yellow jackets," "red birds," and "Blue heaven" became standard terms for barbiturates then and we still here these terms today. Today a great many deaths are attributed to overdoses of barbiturates.

In 1927, a California pharmacologist synthesized amphetamines. These drugs were used at first as nasal inhalants, hay fever remedies, to treat upper respiratory infections, for weight control, and to counteract drowsiness. Amphetamines were widely used in World War II by airmen for extra energy and alertness when flying long, dangerous missions. Newspaper publicity telling of stimulating actions of the drugs led to their abuse. As early as 1936, college students at the University of Minnesota were reported taking these drugs to stay awake to cram for exams. Truck drivers, night watchmen, housewives, and people in all areas began to take these drugs as a "pick-me-up" or "pep pill." People began taking amphetamines along with barbiturates to get an effect they called "a bolt and a jolt." Amphetamine abuse has increased not only in the United States but throughout the world, with great stimulant abuse in Japan and Great Britain. Today amphetamine abuse is one of the most widespread and difficult drug problems

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to control. The magnitude of the problem led to the Drug Abuse Control Amendments of 1965.

Other popular drugs abused today are those known as hallucinogens. These drugs have long been a part of religious, magical, and medical ceremonies in primitive societies. There is evidence of their use in India and Mexico over 3500 years ago. There are also evidences of their use in Early Greece, during the Middle Ages, and among the Indians of North, Central, and South America. One type of hallucinogen, Peyote, was observed by the Spanish conquistodars to be popular among the native Indians of the Americas. In the late 1930's, Dr. Albert Hofman synthesized a hallucinogenic drug known as lysergic acid diethylamide tartrate (LSD) which produced hallucinations and sensory distortions. The abuse of LSD became well known in the late 1950's when researchers and university professors began to conduct experiments using hallucinatory drugs. Much publicity was given to these experiments and claims were made that they gave people new insights, new freedoms, and mind expansion. Other hallucinogenic drugs have since been isolated and include psilocybin, psilocin, and DMT.

In recent years public attention has been increasingly focused on the abuse by school and college age youth of non-narcotic drugs such as amphetamines, barbiturates, tranquilizers, marijuana, and hallucinogens. The public does not take as harsh a view of this type of drug abuse, probably because the public associates these non-narcotic drugs with occasional use, social acceptance, legitimate medical use (of amphetamines and barbiturates) the easy availability of these drugs from other than the underworld, and generally unrecognized dangers inherent in many of these non-narcotic drugs. The government's attitude towards drug abuse is primarily one of prevention. To help meet the challenge of drug abuse the Bureau of Narcotics and Dangerous Drugs was established in 1968.

Just as LSD and other hallucinogenic drugs were the fad drugs of the 1960's, other drugs have enjoyed their periods of popularity in the past. We have seen

the evolution of the drug problem from abuse of such drugs as opium, ether, laughing gas, morphine, codeine, cocaine, and heroin to marijuana, barbiturates, amphetamines, and the hallucinogens. Recently we have seen the abuse of such substances as asthma powder, nutmeg, cough syrup, banana peels, and morning glory seeds. Drug abuse, although one of the major problems of the world today, is not a phenomenon of the Twentieth Century.

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References consulted:

A Guide for the Profession: Drug Abuse Education. (2nd Edition) American Pharmaceutical Association, 1969.

Cohen, Sidney. The Drug Dilemma, McGraw-Hill Book Company, New York, 1969.

Drug Abuse: Escape to Nowhere. Smith Kline and French Laboratories, Philadelphia 1967.

Merki, Donald J. Drug Abuse: Teenage Hangup. Texas Alcoholic Narcotic Education, Inc. Dallas, 1970.

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Dallas Agencies:

County Mental Health Agencies
3804 S. Central Expressway in South Dallas
Mount Olive Lutheran Church, 3010 Meadow St.
Urbandale Christian Church, 6729 Military Pkwy.
Mesquite
208 W. Kearney in Mesquite

The Texas Department of Mental Health and
Mental Retardation (MHMR) 526-4750
Woodlawn Hospital, 3819 Maple, former site
of Parkland Hospital

Private Agencies:

Timberlawn Psychiatric Hospital
4600 Samuel
381-7181

Parkland Hospital
5201 Harry Hines
638-1800

Presbyterian Hospital
8200 Walnut Hill
331-8331

Help Is Possible
2500 Maple
747-9239

Berean Fellowship
4500 W. Mockingbird
358-4141

Operation Drug Alert
11420 E. Northwest Highway
328-4395

Teen Challenge
5901 Swiss
824-6181

Contact
823-2792

Peg
3520 Cedar Springs
521-0272

Texas Rehabilitation Commission
3515 Swift
821-2311

Tuatara
528-1511

American Red Cross
2300 McKinney
day - 741-4421 - night - 521-4111

Community Council of Greater Dallas
1720 Life Bldg.
742-4385

Suicide Prevention
P. O. Box 19651
521-5531

Switchboard
3133 Inwood Rd.
352-9749

Shindo
312 S. Houston
742-9620

Help
ME7-Help

Bureau of Narcotics and Dangerous
Drugs - Region XI
1114 Commerce St. Room 723
Dallas, Texas 75202

Schick Hospital
4101 Frawley Dr.
Ft. Worth, Texas

Council on Alcoholism...Dallas
3300 Mockingbird
Glanton Tower B-106, Dallas, 75235
Exec. Director: Mrs. Joseph Schuh
FL7-0123

Child Guidance Clinic,
Dallas - CC
2101 Welborn St.
Dallas, Texas 75219
LA6-7945

Clinical Research Center, NIMH
(Formerly U.S. Public Health Service
Hosp.)
3150 Horton Road
Fort Worth, Texas 76119
JE5-2111
Area Code: 817 (Narcotic-drug addiction)

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Additional Information may be obtained from the following agencies:

American Pharmaceutical Association
2215 Constitution Ave. N.W.
Washington, D.C. 20037

Alcoholism and Drug Addiction Research Foundation
344 Bloor St. West
Toronto 4, Ontario, Canada

American Medical Association, Council on Mental Health
535 N. Dearborn St.
Chicago, Illinois 60610

American Social Health Association
1740 Broadway
New York, N.Y. 10019
Narcotics Advisory Comm. A.S.H.A.

Bureau of Narcotics and Dangerous Drugs
U.S. Dept. of Justice
1405 I St. NW
Washington, D.C. 20537

Clinical Research, National Institute of Mental Health
Department of HEW
Lexington, Kentucky 40501

Food and Drug Administration
200 C Street SW
Washington, D.C. 20204
Attn: Consumers Inquiries

International Narcotic Enforcement Officers Association, Inc.
178 Washington Ave.
Albany, N. Y. 12210

National Association of Retail Druggists
One East Wacker Dr.
Chicago, Illinois 60601

National Coordinating Council on Drug Abuse Education & Information
P.O. Box 19400
Washington, D.C. 20036

National Council on Crime and Delinquency
44 E. 23rd St.
New York, N.Y. 10017

National Institute of Mental Health,
Public Inquiries Branch
5454 Wisconsin Ave. N.W.
Chevy Chase, Md. 20015

Pharmaceutical Manufacturers Association, Comm. on Narcotics
1155 15th St. N.W.
Washington, D.C. 20055

Smith Kline & French Laboratories
1500 Spring Garden St.
Philadelphia, Pa. 19101

United Nations Commission on Narcotic Drugs
United Nations
New York, N.Y. 10017

United States Public Health Service
7915 Eastern Ave.
Silver Springs, Md. 20910

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PHYSIOLOGICAL AND PSYCHOLOGICAL FACTS TO KNOW IN STUDYING DRUG ABUSE

A. Drug Definition

1. Body structures are parts of the body and have substance (i.e., they occupy space and have weight).

2. Functions of the body are actions that parts of the body can perform (smell, taste).

3. A drug is any substance (other than food, air, and water) which, when taken into the body or applied to its surface, affects body structure and/or function.

4. A physical effect is a change in body structure, such as a change in the weight of a muscle.

5. A physiological effect is a change in body function, such as a change in breathing rate.

6. Common ways of introducing drugs into the body are injection, ingestion, and inhalation. A less common method is sniffing.

7. Drugs that affect the nervous system first enter the circulatory system and then are carried to the nervous system (brain, spinal cord, and nerves) causing changes in human behavior.

B. Physical/Physiological Effects of Drugs

1. The physical/physiological effect of a drug on the nervous system may be that of stimulation (increase in activity), depression (decrease in activity), hallucination ("seeing" or "hearing" something that is not there), or distortion of the senses, thinking, feelings, or behavior.

C. Behaviroal Effects of Drugs

1. The way that an individual acts when he is under the physical/physiological effect of a drug is called the behavioral effect of the drug.

2. All commonly abused drugs have general behavioral effects that can be predicted.

3. Although it is possible to predict the general behavioral effect of a drug, it is not possible to predict accurately the specific behavioral effect of a drug on an individual.

4. Sometimes different people experience different specific behavioral effects from the same amount of the same drug.

5. Sometimes an individual experiences different specific behavioral effects from the same amount of the same drug taken at different times.

D. Drug Dependence and Tolerance

1. Drug dependence is an overpowering need or desire for a drug.

2. When a person's body becomes so accustomed to a drug through repeated doses that he must have the drug to function without physical discomfort, that person has developed a physiological dependence on the drug. Many of the commonly abused drugs produce physiological dependence.

3. When a person becomes so accustomed to the effect of a drug on his mental functions that he has an overpowering urge or desire to continue the effect, he has developed a psychological dependence on that drug. All commonly abused drugs can create psychological dependence.

4. When a person has developed a dependence on a drug, he will experience withdrawal illness soon after the drug is removed. Withdrawal illness may result from either physiological drug dependence or psychological drug dependence.

5. When a person needs to take more and more of a drug to obtain the same effects, he is said to have developed a tolerance for that type of drug.

E. Physiological and Psychological Drug Needs

1. When a person lacks something necessary or desired, he may be described as having a need. A person's needs may be physiological or psychological.

2. Drugs may be prescribed by a doctor to treat certain physiological or psychological needs. When drugs are abused to satisfy physiological or psychological needs, they do not eliminate the need but simply cover it up for awhile.

F. Drug Sources

1. Some drugs are made from plants, while others are made from chemicals. For example, marijuana is made from plants, but LSD is produced from chemicals.

2. Since chemicals are available all over the world, drugs made from chemicals can be produced anywhere. Some plants used to make drugs grow only in certain areas because of climate.

3. Some of the commonly abused drugs are available only with a licensed doctor's prescription. Other means of obtaining these drugs are illegal.

4. Some of the commonly abused drugs are so dangerous that normally they cannot be obtained even with a prescription. Other drugs are so harmless that they can be obtained without a prescription. For example, heroin is not legally available with a prescription, but aspirin may be obtained without a prescription.

G. Drug Use

1. Drugs that are obtained legally or illegally and taken in a way that may be harmful are said to be "abused." Drugs taken properly are said to be "used."

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2. There are many causes for the increase in the abuse of drugs among young people. Among these causes are the increasing availability of drugs and information about drugs.

3. Other reasons for drug abuse among young people include seeking excitement, proving that they are not afraid to try something risky, rebelling against society, and attempting to "forget" problems.

H. Treatment of Drug Dependence

1. Continued drug abuse sometimes results in physiological drug dependence and almost always results in psychological drug dependence. Treatment of drug problems is more successful before a drug dependency develops.

2. Physiological drug dependence usually can be successfully treated in a few days, but psychological drug dependence is more difficult to treat.

3. Many different types of private and public organizations and programs are concerned with the treatment of drug abuse and dependence.

4. The method of treatment used for drug abuse and dependence depends on all the circumstances of the individual case and may include treatment in a hospital, in a doctor's office, through group therapy sessions, or by counseling.

THE DRUGS

A. Volatile Chemicals

1. Many items in the home contain volatile chemicals. The most commonly abused volatile chemicals include model airplane glue, gasoline, cleaning fluids, and various sprays.

2. Volatile chemicals enter the body by means of inhalation.

3. The majority of volatile chemical abusers are under the age of 18.

4. The main physical/physiological effect on the central nervous system of inhaling volatile chemicals is that of depression.

5. The effects of volatile chemical abuse may include an alcohol-like drunkenness with a feeling of dizziness, light-headedness, slurred speech, unsteady walk, and coma. A person may also experience a "flashout" or loss of contact with reality.

6. A volatile chemical abuser may suffer from inflammation or swelling of the nose and throat and inflammation of the eyes and lungs.

7. Continued inhalation of volatile chemicals may result in physical damage to the blood-forming organs, kidneys, liver, and the brain, or even death.

8. A volatile chemical abuser does not develop a physical dependence but may develop a psychological dependence on that type of drug.

9. Continued inhalation of some volatile chemicals, such as model airplane glue, may create a tolerance for these chemicals.

10. Continual abuse of volatile chemicals may result in accumulations of poisons in some of the body structures.

11. Hospitalization may be required to treat severe damage to the body or severe mental disturbance caused by the inhalation of volatile chemicals.

B. Marijuana

1. Marijuana comes from the leaves and flowering tops of the female Indian plant, Cannabis sativa.

2. Although marijuana can be grown almost anywhere, most of the marijuana used in the United States comes from Mexico. Some marijuana comes into this country through the ports of New York and San Francisco.

3. Some of the more common names for marijuana are "weed," "gage," "charge," "grass," "hay," "pot," "tea," and "T."

4. The most common method of taking marijuana in this country is to smoke it in home-made cigarettes. It may also be eaten in cookies or candy.

5. Marijuana is not used as a medicine in the United States. The main legal use is for scientific experiments.

6. Most people who try marijuana are thought to be under the age of 21.

7. Marijuana is frequently classified as a depressant. However, marijuana can cause people to hallucinate and can cause a distorted sense of space and time.

8. An unpleasant experience resulting from marijuana is sometimes called a "bummer."

9. The suicide rate among marijuana users is higher than that among non-users.

10. The effects of marijuana occur in the following order: (1) stimulation, (2) depression, (3) possible hallucinations.

11. The general behavioral effect resulting from the use of marijuana is that of drunkenness. The severity of the effect depends on the amount of the drug consumed, the surroundings in which it is taken, and the personality of the individual who takes it.

12. Marijuana makes a person drunk in much the same way that alcohol does. Marijuana drunkenness may be more dangerous, however, because a person under the influence of marijuana is less likely to be aware of the extent of his intoxication than a person under the influence of alcohol. Marijuana also increases a person's "suggestibility" more than alcohol.

13. As with alcohol, some people who have used marijuana or hashish in large amounts for a long time suffer from insanity and mental deterioration.

14. Marijuana is not commonly considered to cause physiological dependence or tolerance, but it does cause psychological dependence.

15. A marijuana user may occasionally require hospital treatment as a direct result of his psychological dependence on the drug, or, as sometimes happens, as the indirect result of an accident brought about by being under the influence of the drug. Other forms of treatment are also available.

C. LSD

1. LSD or LSD-25 (d-lysergic acid diethylamide tartrate) can be chemically produced anywhere and comes into the United States through all ports of entry.

2. LSD has no legal use except for limited approved research by specially trained doctors.

3. A person's range of experiences while under the influence of LSD is called a "trip." It takes only a very small quantity of pure LSD to start a "trip." LSD usually is ingested, or "dropped," in the form of capsules, tablets, a sugar cube, a cookie, or candy. It also may be injected.

4. Some of the reasons for taking LSD are to get "kicks," to try to "solve" problems, to satisy curiosity, to gain an "inner awareness," and to "be one of the group." LSD may "cover up" some problems for awhile, but at the same time it creates new ones.

5. The majority of LSD users are over the age of 18. LSD users often are called "acid heads" or "trippers."

6. LSD is one of the most powerful hallucinogens. Other drugs that cause hallucinations are morning glory seeds, peyote, and mescaline.

7. LSD causes the mind to work in strange, unpredictable, and uncontrollable ways. The physical/physiological effects of LSD are hallucinations, as well as distortions of the senses, thinking, feelings, and behavior. An LSD user may also experience intensified senses; e.g., he may "see" musical notes.

8. A person under the influence of LSD finds sleep almost impossible. The pupils of his eyes become widely dilated.

9. "Freakouts" and "flashbacks" are occasional effects of LSD abuse. A "freakout" is a "bad trip" and results in very unpleasant or frightening experiences, such as believing that parts of one's body are missing.

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10. A "flashback" is a recurrence of an earlier LSD experience. This can happen even when no LSD has been taken recently and a great deal of time has passed since the last LSD "trip." "Flashbacks" have occured as long as a year after LSD has been taken.

11. Even if a person has always had a "good trip" on LSD, he may still have a "freakout" during a "flashback."

12. The long-range effects of taking LSD include mentally retarded offspring, and severe or permanent mental illness for the taker.

13. Everyone who frequently takes LSD runs the risk of becoming psychologically dependent on it.

14. Development of a tolerance for LSD has been reported from experience and scientific experiments.

15. An LSD user may receive treatment in or out of the hospital. He may require hospital treatment if he has a bad "freakout" or if he is involved in an accident while using LSD. He may also require individual or group therapy.

D. Amphetamines

1. Amphetamines, often call "pep pills," are chemically made. Three common amphetamines are Benzedrine ("benny"), Dexedrine ("dexy"), and methedrine ("speed" or "crystals").

2. Amphetamines are made and distributed legally by licensed drug companies. All other production or distribution is considered illegal.

3. Since amphetamines can be made in most countries, the drug may enter the United States through all ports of entry.

4. The usual method of amphetamine abuse is ingestion. Injection is used to get a bigger "kick".

5. The medical use of amphetamines is determined by a doctor. Amphetamines are commonly used to combat severe depression and to reduce weight.

6. Amphetamines are illegally used, or abused, when they are taken to get "kicks," to stay awake for an examination, or for other purposes without the advice or direction of a doctor.

7. The physical/physiological effect of amphetamines is strong stimulation of the central nervous system. Large doses can produce hallucinations and paranoid reactions.

8. The immediate effects of amphetamines include wakefulness, talkativeness, exaggerated alertness, feeling of well-being, restlessness, over-activity, anxiety, and enlarged eye pupils.

9. An amphetamine abuser who takes the drug frequently for several days in a row is said to be on a "run" or "jag." While on a "jag," an abuser displays over-activity, sleeplessness, a complete loss of appetite, and inability to complete simple tasks successfully.

10. Continual amphetamine abuse may result in serious mental disturbances involving extreme anxiety reactions. Abusers who inject large doses may develop hepatitis, as well as bone and brain damage.

11. Amphetamine abuse can create both physiological and psychological dependence, as well as a tolerance for the drug.

12. Hospital treatment may be required for an amphetamine abuser who has contracted hepatitis or who has developed a serious mental illness. Outpatient or other treatment may also be required to treat an abuser's psychological dependence or amphetamines.

E. Cocaine

1. Cocaine is extracted from the leaves of the South American coca plant grown in Peru and several other countries. Cocaine is a white crystalline substance that resembles snowflakes and is sometimes called "snow."

2. Cocaine is usually smuggled into the United States through Los Angeles, New York, and New Orleans.

3. Some cocaine abusers sniff the drug into the nose. The common way it is abused in the United States is by injection.

4. Although once widely used as a local anesthetic, cocaine today is used medically in the United States only on a limited scale.

5. Cocaine is not as frequently abused in the United States as are some other drugs. Those who do abuse cocaine do so to get a "lift," "kicks," or an effect similar to, but stronger than, that obtained from amphetamines.

6. The effects of injecting cocaine are similar to those produced by injecting "speed," but the effects of cocaine do not last as long as those of "speed."

7. Most cocaine abusers are over the age of 21.

8. Cocaine is a very strong stimulant to the central nervous system and sometimes causes hallucinations and other effects similar to those of amphetamines. Cocaine also causes enlarged eye pupils.

9. A person who is "high" on cocaine may feel more energetic than usual, or he may feel anxiety. He may also show paranoid reactions.

10. Continued abuse of cocaine leads to rapid weight loss, brain damage, mental disorientation, convulsions, and even death.

11. A cocaine abuser can develop psychological dependence.

12. Continued sniffing of cocaine may occasionally result in ulcers in the nose. Cocaine abusers may require hospital treatment for physical disorders, malnutrition, and serious dependency. Sometimes cocaine abusers require institutionalization for serious brain damage and/or mental illness.

F. Barbiturates

1. Barbiturates are produced from a chemical base called barbituric acid. The names of most barbiturates end in al (such as nembutal).

2. Barbiturates are produced and distributed legally only by licensed drug companies. All other production and distribution of barbiturates is illegal.

3. Since barbiturates can be produced anywhere, they enter the U.S. through all ports and borders.

4. Barbiturates are powders that come in the form of tablets, capsules, or liquids. The usual method of taking barbiturates is by ingestion, but they also may be taken by injection.

5. Slang names such as "yellow jacket," "redbird," "bluebird," and "rainbow" are used to describe the different colors of the capsules containing different types of barbiturates. They are also called "goofballs" or "downers."

6. When properly taken under a doctor's supervision, barbiturates are used to relieve nervousness, tension, and anxiety, and as an aid to sleeping. Some are used as surgical anesthetics. Barbiturates are illegally used (abused) when taken to get "high," for "kicks,"or to try to "solve" problems.

7. Most barbiturate abusers are over the age of 18.

8. The physical/physiological effect of barbiturates on the central nervous system is that of depression.

9. The effects of abusing barbiturates include sleepiness or drowsiness Another effect is drunkenness, often with euphoria, poor judgment, slurred speech, and problems in coordination. The size of the eye pupil remains normal.

10. Continued abuse of barbiturates may result in withdrawal from society, abuse of other drugs, and suicide. Statistics show that more people die as a result of barbiturate poisoning than from any other kind of poisoning.

11. Barbiturates create both a psychological and physiological dependence on a drug, as well as a tolerance for that type of drug.

12. Symptoms such as convulsions, hallucinations, or even death may result from sudden withdrawal of the drug after a physiological dependence is established.

13. Hospitalization may be necessary for treatment of barbiturate withdrawal symptoms or dependences

G. Heroin

1. Heroin is a white crystalline powder made chemically from morphine, which is extracted from opium. Opium is made from the juice of the unripened seed pod of the opium poppy. This is the only type of poppy that produces opium. The order of derivation of heroin is (1) opium poppy, (2) opium, (3) morphine, and (4) heroin.

2. Opium poppies are grown primarily in dry hot climates where land and labor are cheap. Most opium poppies are grown in India, Turkey, China, Egypt, and Mexico.

3. The major ports of entry into the U.S. for opium products are New York, San Francisco, and Los Angeles. Large quantities also enter the U.S. across the Mexican border.

4. The typical age for heroin abusers in the U. S. is from 21 to 30 years old.

5. In some countries, heroin is taken by sniffing (placing the powder against the lining of the nose) or by inhaling the fumes of the heated drug. The more common method used in the United States is to inject the drug under the skin ("skinpopping") or directly into the veins ("mainlining"). This method involves the use of an eye dropper or a syringe, together with a hypodermic needle. The injection of heroin is called a "jolt" or a "shot." A dose of the drug is known as a "fix." Abusers are known as "junkies."

6. Heroin does not have a current medical use in this country, and is used only in a few special research projects.

7. Heroin is classified as an opiate. All opiates have somewhat similar effects on the body and are used medically for relieving pain and anxiety, as well as for many other purposes. Other opiates include morphine, codeine, Percodan, and dilaudid. There also are synthetic substitutes for these preparations, such as Demerol and methadone. Most of the opiates and substitutes are used medically, and they all can cause physiological and psychological dependencies and the development of a tolerance for the drug.

8. Opiates depress the central nervous system and cause the taker to become drowsy or sleepy. The eye pupils become very small and are described as "pinpoint" pupils.

9. Other results of heroin abuse include constipation, loss of appetite, blunting of the senses, and unconsciousness. Malnutrition and infection are two indirect effects often brought about through neglect of diet and lack of cleanliness.

10. The immediate effect on the mind of a person who takes heroin is that of euphoria. Euphoria is a sense of well-being and decreases one's awareness of one's problems.

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11. Heroin dependence causes an abuser to lose interest in school or in his job and forces him to become totally committed to supporting his $60- to $100-a-day drug habit. He must usually resort to crime to obtain money for drugs.

12. Heroin produces a psychological and a physiological dependence. A physiologically dependent abuser suffers withdrawal illness when the drug is removed. Withdrawal symptoms include hot and cold flashes, sniffles, vomiting, diarrhea, loss of appetite, muscle spasms, and other very unpleasant symptoms.

13. A person who takes heroin builds up a tolerance for the drug and must take progressively larger amounts of the drug just to feel "normal" and to avoid withdrawal illness.

These summaries are from the second edition of Drug Decision, Teacher Manual, published by Lockheed Aircraft Corp., 1969, Burbank, California, 91503

GLOSSARY OF TECHNICAL TERMS

abuse - Misuse or wrong use, such as excessive use of legally or illegally obtained drugs.

abuser - One who misuses.

addict - One who has a drug dependency.

addiction - A strong need or desire to continue use of a drug.

after flash - (back-Lash) Recurrent hallucinogenic "trips" days or months after taking LSD.

alcohol - A volatile liquid that can cause intoxication when ingested.

amphetamine - One of a certain group of drugs that causes marked stimulation of the central nervous system.

Amytal - Brand name for amybarbital sodium, a bariturate drug used to produce sedation or sleep.

anesthetic - A substance that produces entire or partial loss of feeling and sensation.

anxiety - A feeling of apprehension, uncertainty, and fear.

aspirin - A non-prescription drug commonly used to relieve pain and reduce fever.

barbiturate - Any of a number of drugs derived from barbituric acid and producing sleep or sedation.

barbituric acid - The chemical compound from which the various barbiturates are derived.

behavior - The way in which one acts.

Benzedrine - Brand name for l-amphetamine sulfate, an amphetamine drug that causes stimulation of the central nervous system.

benzene - A valatile chemical used as a solvent for fats and resins and as a substance in making dyes.

blood stream - The flow of blood within the circulatory system.

Cannabis sativa - The Indian hemp plant from which marijuana and hashish are prepared; also known as Cannabis indica.

capsule - A soluble case for enclosing a dose of medicine.

central nervous system - The brain, spinal cord, and peripheral nerves.

chemical - Any of a number of substances produced by man (such as most medicines) or occurring naturally (such as table salt, some acids, and sulfur).

chromosomes - The threadlike bodies in a cell which carry the genes that control hereditary characteristics.

circulation - The flow of blood throughout the body through arteries, capillaries, and veins.

circulatory system - The system of arteries, capillaries, and veins that carries blood in the body.

clinic - An establishment where patients receive special study and treatment.

clinical - Pertaining to a clinic or to the investigation of disease in the living subject by observation or laboratory data.

coca plant - Erythroxylon coca, a South American plant from which cocaine is extracted.

cocaine - An alkaloid from the coca plant used medically as a local anesthetic and for dilation of the eye pupils.

codeine - An alkaloid extract from opium used to relieve moderate pain and cough.

coma - A state of complete loss of consciousness from which the patient cannot be aroused.

compulsion - A compelling, irrestible, impulse which causes a person to act contrary to his good judgement, training, or normal desire.

congenital - Existing from conception.

convulsion - A violent, involuntary contraction of the voluntary muscles.

co-ordination - The harmonious working together of parts.

counterfeit drugs - Products manufactured illegally in an attempt to defraud the public.

crystalline - Resembling a crystal or a body formed by a chemical element or compound with symmetrically arranged plane surfaces.

cyanide - An extremely poisonous chemical containing a CN group.

Demerol - Brand name for meperidine hydrochloride, a synthetic drug used as a substitute for morphine to relieve severe pain and anxiety.

dependence - Addiction; a strong need or desire to continue taking a drug.

depressant - A medicine that reduces functional activity or decreases physiological activity of the body, such as a barbiturate producing sedation and sleep.

Desoxyn - Brand name for methamphetimine.

Dexedrine - Brand name for d-amphetamine sulfate, an amphetamine drug that causes stimulation of the central nervous system.

dilation - Enlargement.

dilaudid - A derivative of morphine used to relieve severe pain and anxiety.

disease - Any departure from normal health.

disorientation - A state of mental confusion as to time, place, or identity.

distortion - Abnormal changes in physiological or mental function.

d-lysergic acid diethylamide tartrate - LSD or LSD-25, a powerful hallucinogen.

dimethyltryptamine - A strong, synthetically made hallucinogen; also called DMT.

DMT - See dimethyltryptamine.

dosage - The giving of medicine in perscribed doses.

dose - The amount of a medicine taken at any one time.

drug - Any substance other than air, water, or food that affects body structure or function.

drug abuse - Misuse or wrong use, particularly excessive use, of a drug.

drug tolerance - The ability to endure the continued or increasing use of a drug.

drug user - One who gets satisfaction from the use of drugs, but is not necessarily dependent on them.

ether - A volatile chemical used as a solvent and as a general anesthetic for surgical purposes.

exhalation - Action of breathing outward.

euphoria - A feeling of well-being.

fatigue - Weariness.

function - The action of any part or organ.

glucose - The end product of the digestion of starches and sugars, which forms the body's chief source of energy.

group therapy - A form of treatment wherein a group of people help each other solve psychological problems.

habituation - Addiction.

hallucination - A sensory perception not founded upon reality, such as "seeing", "hearing", or "feeling" things that are not there.

hallucinogen - A drug capable of producing hallucinations.

hashish - A drug that consists of the resin from the Cannabis plant and is stronger than marijuana.

hepatitis - An inflammatory condition of the liver.

heroin - A derivative of morphine that relieves severe pain and anxiety.

hypnotic - An agent which induces sleep.

Indian hemp plant - Cannabis sativa, the plant from which marijuana and hashish are prepared; also called Cannabis indica.

inflammation - A tissue reaction to injury characterized by swelling, redness, pain, and heat.

ingestion - The act of taking something into the stomach through the mouth.

inhalation - The act of drawing air, vapors, or other substances into the lungs.

injection - The act of forcing a liquid into a body part, such as a muscle or a blood vessel.

inpatient - A patient confined to a hospital or clinic.

insanity - A legal or social term referring to severe mental derangement or psychosis.

intoxication - Essentially a state of being poisoned, as in alcoholic drunkenness or inebriation.

kidney - A body organ that removes urinary wastes from the blood.

kilo - The abbreviation for kilogram, which is a measure of weight equal to 1000 grams or 2.2 pounds.

liver - A large organ of the body that performs many functions, such as storing carbohydrates and detoxifying some poisonous substances in the body.

local anesthetic - A substance that anesthetizes or deadens a restricted area of the body.

LSD or LSD-25 - A strong hallucinogenic drug, d-lysergic acid diethylamide tartrate.

lung - The organ of respiration.

malnutrition - Improper nutrition, caused by inadequate food or imperfect assimilation of food.

marijuana - The leaves and flowering tops of the plant Cannabis sativa; also called Cannabis indica.

medical addict - A person who becomes addicted as a result of medical treatment perscribed by a physician for some illness.

mental disorientation - See disorientation.

mental illness - A mental disorder.

mental retardation - Feeble-mindedness or mental deficiency.

mescaline - An alkaloid drug prepared from mescal cactus buttons and having hallucinogenic properties.

methadone - A synthetic drug used for relief of severe pain and anxiety and as a substitute drug in treating heroin addictions.

methamphetamine - Methyl benzedrine, a type of amphetamine drug that acts as a strong stimulant of the central nervous system.

Methedrine - Brand name of methamphetamine.

mind-expanding drug - A drug such as LSD that is said by its defenders to raise the user to a "higher level of conciousness".

morphine - An alkaloid drug extracted from opium, having potent narcotic and addictive properties, and used to relieve anxiety and severe pain as well as to complement general anesthetics.

muscle - An organ that, by contraction, produces the movement of a body part.

muscle spasm - A sudden, violent, involuntary contraction of a muscle.

muscle coordination - The harmonious working together of muscle groups.

narcotic - Any drug that produces sleep or stupor and relieves pain and anxiety.

Nembutal - A brand name for pentobarbital sodium; a potent sleeping drug derived from barbituric acid.

nerves - A series of closely connected specialized cells that convey sensory and reaction signals (and the like) from one part of the body to another.

nervousness - A state of heightened irritability, with mental and physical unrest.

nervous system - The total complex of nerves and nerve centers, nervous tissues, and ganglia.

opiate - A narcotic drug containing or derived from opium.

opium - A drug from the congealed juice of the unripe seed pod of the opium poppy.

opium poppy - Papaver somniferum, the poppy from which opium is prepared.

outpatient - A non-hospitalized patient treated at a hospital or clinic.

overdose - An excessive amount of a drug.

pain killer - A drug used to relieve pain.

paranoia - A severe mental disorder characterized by systematized delusions of persecution and of one's own greatness, sometimes with hallucinations.

paranoid reaction - A reaction resembling paranoia.

Percodan - A drug derived from codeine and used for the relief of moderate pain.

peyote - A drug obtained from the dried buttons of the Mexican cactus (known as the peyote or dumpling cactus) and producing intoxication and colorful hallucinations.

pharmacology - The science dealing with the production, use and effects of drugs.

phenobarbital - A long-acting barbiturate drug used for sedation and sleep.

physical - Pertaining to the structure of the body.

physical dependence - See physiological dependence.

physical/physiological - Pertaining to both physical structure and physiological function.

physiological - Pertaining to the function of the body or organs.

physiological dependence - The necessity for taking a drug in order to avoid physical discomfort.

physiological withdrawal illness - The illness that results when a drug upon which one is physiologically dependent is removed; varies in kind and severity depending upon the drug involved.

pin-point pupil - Very constricted eye pupil.

pneumonia - Inflammation and congestion of the lungs.

poison - Any substance that, through its chemical or physical action, causes damage or death.

prescription - A direction by a doctor regarding type and use of a drug or treatment.

Psilocybin - A strong hallucinogenic drug prepared from a certain variety of Mexican mushroom.

psychedelic - A drug such as LSD, psilocybin, or mescaline, or the intensified perception of the senses which these drugs produce.

psychiatrist - A physician who specializes in the treatment of mental disorders.

psychological - Pertaining to the mind and mental operations.

psychological dependence - A strong mental urge or desire to continue the use of a drug.

psychological withdrawal illness - The illness that results when a drug upon which one is psychologically dependent is removed; takes the form of an intermittent or constant craving for the drug.

psychosis - A severe mental disease; insanity.

pulse - Expansion and contraction of an artery as a result of heart action.

quackery - The actions, claims or methods of an untrained person who practices medicine fraudulently.

rehabilitation - Restoration to former capacity or normal state.

research - Investigation or experimentation.

resin - An amorphous solid or semisolid material, usually of plant origin and soluble in organic solvents but not in water.

respiration - The act or function of breathing.

respiratory system - The parts of the body involved in the function of breathing, such as the mouth, nose, throat, air passages, and lungs.

schizophrenia - A mental disease marked by loss of contact with reality and disintegration of personality.

Seconal - Brand name for secobarbital sodium, a potent sleeping drug derived from barbituric acid.

Sernylan - Brand name for delta-1-tetrahydrocannabinol, or THC, the active ingredient in marijuana.

sign - Objective evidence of a disease, such as the visible redness, swelling, and increased temperature observable in inflammation.

sniff - To take into the nose by breathing inwardly, or to place against the absorptive membrane that lines the inside of the nose.

spinal cord - The cord-like structure contained in the spinal canal.

stimulant - A substance that produces an increase in physiological activity or functional activity of the central nervous system or some other part of the body (e.g., an amphetamine producing wakefulness and excitement).

STP - A strong hallucinogen, 4 methyl 2, 5-dimethoxyamphetamine; also called DOM.

structure - A body part.

stupor - Partial or nearly complete unconsciousness.

substance - Anything that has weight and occupies space.

suffocation - The stoppage or hindering of respiration which may lead to death.

symptom - The complaint a patient presents concerning any disease process.

synthetic - Being artificially made from chemicals in contrast to being extracted from plants.

tablet - Medication in the form of a small disc.

tension - The condition of being stretched or strained.

tetrahydrocannabinol - Delta-1-tetrahydrocannabinol, the active ingredient in the marijuana plant; also called THC.

THC - See tetrahydrocannabinol.

therapy - The treatment of disease.

tolerance - See drug tolerance.

toluene - A volatile chemical obtained from coal tars and used as a solvent and in making explosives.

toxin - Any poisonous substance produced by or within a living organism.

Tuinal - Combined barbiturates of Amytal and Seconal used for sedation or sleep.

ulcer - An open sore other than a wound, regardless of cause.

unconsciousness - Insensibility; lack of perception of sensory stimuli and lack of subjective awareness.

vein - A vessel that conveys the blood toward the heart.

volatile - Tending to evaporate rapidly.

withdrawal illness - The symptoms and signs related to discontinuance of a drug after a dependence has been established.

xylene - A volatile chemical obtained from coal tars and wood tars and used as a solvent for waxes.

SLANG GLOSSARY

A's - Stimulants.

Abe - Five dollar bill (also "Lincoln," "nickel," "fin," etc.).

Acapulco gold - Marijuana, usually of high quality.

Ace - One year sentence; bullet; one of anything; ace note; one dollar bill.

Acid - LSD.

Acid Head - LSD User.

Action - Selling of narcotics; anything pertaining to criminal action.

Artillery - Equipment for injecting drugs.

Babo - Drug detoxifier or cleanser.

Backtrack - To withdraw plunger of syring before injecting drugs to place needle in proper position.

Bag - Container of powdered drug, dream of or deep desire for happiness.

Bagman - Supplier of drugs.

Ball - A party.

Balloon - Small packet of narcotics.

Bamboo - An opium pipe, stem; gong-gonger; dream stick; hop stick; saxophone; crock; log.

Bang - To inject drugs, keen drug satisfaction.

Barbs - Barbiturates, usually taken in pill form for non-medical purposes.

Bathtub - Refers to LSD made at home or improvised places.

Battes - Injectable amphetamines.

B-dacs - Agents of the Bureau of Drug Abuse Control.

Bean - Capsule; Benzadrine tablet or capsule.

Been had - Arrested.

Being on the Nod - High on barbiturates.

Belt - Euphoria following an injection of narcotics; a shot or quantity of drugs to be injected.

Bennies - Amphetamines (benzadrine tablets).

Benny joy - Intoxication after using Benzedrine.

Bent out of shape - Under the influence of LSD.

Bernice - Cocaine.

Big fish - Important drug wholesaler.

Big John - The police.

Big man - Brains behind dope ring - seldom takes rap or drugs.

Big time - Prosperous drug business.

Bindle - Small quantity or packet of narcotics.

Bird's eye - Extremely small amount of narcotics.

Biz - Equipment for injecting drugs.

Black and whites - Patrol cars or policemen.

Blanks - Poor quality narcotics.

Blast - Sudden euphoria.

Blast a joint - To smoke a marijuana cigarette.

Blasted- Under the influence of drugs.

Blast-out - Escape (through drugs) from humdrum life.

Blow a stick - Blow jive, blow tea, blow pot, blow hay, to smoke a marijuana cigarette.

Blow your mind - To become intoxicated with drugs to the point where all physical and mental control is lost. This expression is often used by drug addicts to suggest that a drug is highly "effective."

Blue devils (blue birds) - Amytal capsules.

Blue funk - Deep depression "necessitating" relief through stimulant drugs.

Blue heaven (blue velvet) - Paregoric and an antihistamine; sodium amytol.

Blues - Barbiturates.

Bombiod - Injectable amphetamine.

Boo - Marijuana.

Books - Pep pills.

Boot book - Effect of a drug; the rag used to make a tight connection between needle and dropper; to back blood into the dropper, allow it to mix with the drug, then shoot it back; also verification shot.

Booster stick - Cigarette of treated marijuana; reputedly potent; an ordinary cigarette, the tip of which is dipped in a concentrated essence of marijuana preserved in alcohol; hit; blown out; inhaled.

Bottle - Injectable amphetamine.

Boxed - In jail.

Boy - Heroin.

Bread - Money needed for drug purchase; heroin.

Brocoli - Marijuana.

Bull - A policeofficer, a Federal narcotic agent.

Bummer (bum trip, bad trip) - An unpleasant experience with LSD.

Bum rap - An arrest or conviction for crime one didn't commit.

Bum steer (bogus trip, bum wire, jive) - False or unreliable information about drugs or peddlers.

Burn - Take money for heroin with no plans to deliver stuff; phoney drugs.

Burned - To receive phony or badly diluted drugs.

Burned out - A sclerotic condition of the veins resulting from abscesses and continued puncturing.

Business - Paraphernalia for injecting narcotics.

Busted - Arrested.

Butt the main line - To inject narcotics intravenously.

Button - The part of the peyote cactus plant which contains a hallucinogenic drug. This drug is used by some tribes of Indians in our southwestern states and in Mexico.

Buzz - To attempt to buy drugs.

Caballo - Heroin.

Can - Marijuana container.

Candy - Barbiturates.

Cap - Capsule of powdered drugs.

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Carrying - In possession of narcotics; having a drug supply at hand.

Cartwheel - Amphetamine sulfate.

Cat - A supplier of drugs; a peddler or pusher.

Champ - Drug abuser who will not reveal his supplier even under pressure.

Charge - Instant euphoria; the reaction to smoking marijuana.

Charged up - Under the influence of drugs.

Chicken - Coward, quitter.

Chicken out - Quit a dangerous practice because of fear.

Chipping - Taking small amounts of drugs on an irregular basis.

Chippy - An abuser taking small, irregular amounts; prostitute.

Christmas trees - Barbiturates.

Clean - Off drugs; one not in possession of the drugs; an addict who has no scar "trails" or tracks on his arms.

Clear up - To withdraw from drugs.

Coast to coast - Amphetamine sulfate capsules.

Coasting - Under the influence of drugs.

Cocktail - Methadone substitute for other narcotics.

Coke - Cocaine.

Coked up - Under the influence of cocaine.

Cokey (Cokie) - A cocaine addict.

Cold turkey - Complete withdrawal from addicting drug without medication.

Coming down - Emerging from LSD experience, a "trip".

Connect - To purchase drugs.

Connection - A drug supplier.

Contact high - Vicarious experience that occurs by being with someone who is "on a trip".

Cooker - Any spoon or bottle car used in preparation of heroin.

Cook up a pill - To prepare opium for smoking.

Cool cat - One calmed by depressant drugs.

Co-Pilots - Amphetamine tablets.

Cop - To purchase drugs.

Cop-out - Quit drugs usually because of fear of the law, to alibi; to confess.

Corine - Cocaine.

Cottonhead (cotton top) - User who recooks the cotton fibers found in cookers when their supply is up and they are in need of an injection.

Cottons - Cotton balls used to strain out impurities in a narcotic that is to be sucked up by a syringe or eye dropper.

Courier - A small-scale dealer in drugs.

Cotics - Narcotics.

Crossroads - Stimulants.

Crystals - (powder form) Methamphetamine; also methedrine and amphetamine.

Cube - A sugar cube or water impregnated with LSD.

Cube head - A regular user of LSD sugar cubes.

Customer - Drug buyer and user.

Cut - To adulterate a narcotic by adding milksugar.

Cut-Staff - Very much diluted drug.

Dabble - To take small amounts of drugs on an irregular basis.

D.D. - A fatal dose of narcotics or other drugs.

Dealer - Drug salesman or supplier.

Debris - Particles of marijuana found in pockets or in the bottom of containers.

Deck - Packet of powdered drug.

Devils - Seconal pills, a barbiturate.

Dexies - Amphetamines (Dexamyl, Dexedrine).

Dig - Appreciate; enjoy; understand.

Dime bag - A ten-dollar purchase of narcotics.

Dirty - A term suggesting that a person has drugs on him.

Dollies - Dolophine tablets.

Dom - Known popularly as STP.

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Domino - To purchase drugs.

Doojee - Heroin.

Dope - Any narcotic.

Doper - Regular user of narcotics.

Double trouble - Barbiturates (Tuinal capsules).

Do up - Supply of marijuana cigarettes.

Down - Depressed feeling after drug wears off.

Downers - Barbiturate drugs,commonly taken in pill form, used to slow up the body.

Drag - Deep inhalation of a smoking drug.

Dripper - Paraphernalia for injecting narcotics.

Drivers - Amphetamines (stimulants).

Drop - To take a drug of some kind - "drop acid," "drop a cap" (LSD, "drop a joint" (marijuana).

Dropped - Arrested.

Drugville - Any place where drugs are extensively and intensively used.

Dummy - Purchase which did not contain narcotics.

Dust - Cocaine.

Dynamite - Narcotics of high potency.

Ego games - A depreciative term applied by LSD users to social conformity and to the normal acitvities, occupations and responsibilities of the majority of the people.

Ends - Money.

Experience - An LSD trip.

Eye openers - Amphetamines.

Factory - Equipment for injecting drugs.

Fall out - To get extremely "high" on drugs, perhaps to the point of unconsciousness.

Far out - Drugged; out of touch with reality.

Feds - Federal Narcotic Agents.

Fence - One that knowingly buys stolen goods.

Fit - Paraphernalia for injecting.

Fix - Drug dosages in a form ready to be taken into the body.

Flake - Cocaine.

Flash - Instant euphoria that a user experiences immediately after taking a drug.

Flash back - The recurrence of a drug experience; for example, a user of LSD may unexpectedly find himself experiencing a "trip" even though he has not had any acid for a long time.

Flea powder - Poor quality narcotics.

Flip - To act in an irrational,uncontrolled way as a result of drug use.

Fly - To take narcotics.

Fly high - To be under the influence of some drugs, especially marijuana.

Floating (flying) - Under the influence of drugs, in euphoria.

Foil - Small packet of narcotics.

Footballs - Oval shaped amphetamine sulfate tablets.

Freak-out - To have unpleasant reaction while on an LSD "trip".

Fresh and Sweet - Out of jail.

Fuzz - The police.

Gage - Marijuana.

Game - The group therapy session.

Garbage - Drugs of poor quality; the residue left after a drug is cooked in a spoon.

Gassed out - Overcome emotionally by an experience.

Gassing - Sniffing gasoline fumes.

Gee-head - Paregoric abuser.

Geetis - Money.

Geezer - A narcotic injection.

Gestapo - Police.

Get high - Smoke a marijuana cigarette.

Get off - To take an injection (of a drug); to "shoot up".

Gimmicks - Equipment for injecting drugs .

Glad rag - Cloth material or handkerchief saturated with the chemical.

Gluey - One who inhales glue vapor for euphoria .

Gold dust - Cocaine .

Goods - Narcotics .

Good trip - Happy experience with psychedelics .

Goof-balls - Marijuana, barbiturates mixed with amphetamines and the like .

Goofed-up - Under the influence of barbiturates .

Goofing - Smoking marijuana .

Goofy dust - Cocaine powder for sniffing .

Gow-head - An opium addict .

Graduate - One who successfully gets over the drug habit .

Grass - Marijuana .

Grasshopper - Marijuana smoker.

Greenies - Green heart-shaped tablets of dextroamphetamine sulfate and amobarbitol .

Griefo - Marijuana .

Groovey - Enjoyable .

Guide - A person who remains sober (free of the influence of drugs) so that he can take care of another person intoxicated with some drug, such as LSD. The term is also used for an experienced user who instructs a novice .

Gun - A hypodermic needle .

H - Heroin .

Habit - Repeated use of drugs .

Hand to Hand - Person to person delivery.

Hang-up - A personal problem; addiction; strong attachment.

Happening - A pseudo experience obtained through the use of light and sound; to have the same type of experience that one has with a drug.

Happy cigarette - Marijuana cigarette .

Happy dust - Cocaine .

Hard-stuff (hard narcotics) - Strongly addicting drug, morphine, cocaine, or heroin .

Harness bulls - Uniformed officers .

Harry - Heroin .

Has - Hashish, marijuana .

Hay - Marijuana .

Hayhead - Marijuana user.

Haywire - Behaving in an upredictable manner, usually after taking amphetamines or hallucinogens .

Head - Regular user of a drug .

Head-shop - Psychedelic store catering to pot and acid-heads .

Hearts - Heart-shaped tablets Benzedrine or Dexedrine .

Heat - The police .

Heeled - Said of a person who has enough money to buy drugs; also used to indicate a person who is carrying a gun .

Hemp - Marijuana .

Hep (hip) - Having inside knowledge; well-informed; wise in the ways of the drug world .

High - Under the influence of drugs; extreme euphoria .

Hit - To purchase drugs an arrest; an injection of narcotics .

Hocus - A narcotic solution ready for injection .

Hog - An addict who uses whatever drugs he can get his hands on, with no attempt at moderation or control. Such a person, experts believe, is consciously or unconsciously seeking self-destruction .

Holding - In possesion of narcotics .

Honey - Marijuana .

Hooked - Strongly addicted to a drug .

Hophead - Under the influence of drugs .

Horning - Sniffing a drug (usually cocaine) directly into the nostrils .

Horse - Heroin .

Hot - Wanted by police .

Hot shot - Poisonous or lethal dose of a drug .

Hustler - Prostitute .

Hype - A drug user who injects the drug (usually heroin or Methedrine) into a vein by means of a hypodermic needle .

Hypo - A narcotic addict .

Ice cream habit - A small irregular drug habit .

In - Belonging to, or accepted by, a gang or group.

Jab - To inject drugs .

Jag - Euphoria.

Jar - A glass container holding 1000 pills, usually amphetamine or barbiturate.

Jive - Marijuana; to use marijuana.

Jivestick - A marijuana cigarette.

Job - To inject drugs.

Jobber - One who stores drugs and supplies them to salesman.

Joint - A marijuana cigarette.

Jolly-beans - Amphetamine pills; usually methedrine (speed).

Jolt - Shot of morphine; also the reaction to such an injection.

Jones - The habit; an addict.

Joy-pop - To inject small amounts of drugs irregularly (subcutaneous use).

Joy-popper - Occasional user of drugs.

Joy-Powder - Heroin.

Juice head - User of liquor.

Jug - Injectable amphetamine.

Junk - Any habituating or addicting drug.

Junkie - Drug abuser.

Juve - A juvenile offender, a person under age who has been arrested, particularly for drug violations.

Juvies - Juvenile officers.

Keep your cool - Maintain calmness usually by use of depressant drugs.

Kee (Key) - A marijuana "brick" weighing one kilo or about 2.2 pounds.

Kick - To abandon a drug habit.

Kick - Euphoria; the effect of a drug.

Kick parties - Parties or sessions where LSD is used.

Kick the habit - To go off drugs;to overcome an addiction, particularly for heroin.

Kilo - A large amount of narcotics, or 2.2 pounds.

Kit - Equipment for injecting heroin or some other drug in liquid form; also known as an "outfit" .

Knocked out - Under the influence of narcotics .

Lace - Money .

Lame - Said of a person who does not use marijuana or any other drug.

L. A. turn-abouts - Amphetamine sulfate capsules.

Lay on - To give narcotics freely, as a friendly act.

Layout - The equipment for injecting drugs.

Lemonades - Poor heroin.

Lid - An ounce of marijuana .

Lid proppers - Amphetamines.

Lipton tea - Poor quality narcotics.

Lit up - Under the influence of drugs.

Loaded - Under the influence of some drug; intoxicated or "stoned".

Loco Weed - Marijuana .

Long green - Money.

Low - A bad reaction to LSD - not necessarily a "bad trip" - as a failure to get high.

M - Marijuana; morphine .

Machinery - Equipment for injecting drugs.

Main line - Injecting of a drug, such as heroin, directly into a vein, usually in the arm .

Main liner - One who injects narcotics into a vein .

Maintaining - Keeping at a certain level of drug effect.

Make a buy - To purchase drugs.

Make a meet - Purchase drugs.

Make it - To obtain a supply of drugs by purchase or exchange; to "score".

Man - The police .

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Manicure - High grade marijuana (no seeds or stems); to prepare marijuana for use in cigarettes the "raw" pot is "manicured" by sorting out the parts of the plant not fit for smoking.

Marks - Scars caused by use of hypodermic needles to inject drugs; also known as "trails" or "tracks".

Mary Jane - One of the many slang names for marijuana .

Match box - A quantity of marijuana equivalent to about half a pocket-size can of tobacco.

Member - Negro or someone other than a white person.

Mesc - Mescaline, alkaloid of peyote.

Meth - Methamphetamine, usually injected for rapid result.

Meth head - User of speed (methedrine).

Meth-Monster - One whose behavior is uncontrollable because of methedrine abuse.

Mezz - Marijuana.

Mickey Finn - A drug (chloral hydrate) that is administered to a person usually without his knowledge, to render him completely unconscious; commonly known as "knockout drops".

Mike - Microgram (millionth of a gram).

Miss Emma - Morphine.

Mojo - Narcotics.

Monkey - A drug habit where physical dependence is present.

Monkey-Mister - Morphine addict.

Mar-a-grifa - Marijuana.

Muggler - Marijuana.

Muggle head - Marijuana user.

Mule - A person who delivers or carries a drug for a dealer.

Mutak - Marijuana.

Narco or Narks - A police officer, especially one assigned to narcotic-control duty.

Needle - Hypodermic syringe for injecting drug. A heroin addict is said to be "on the needle".

Nickle bag - A five-dollar purchase of narcotics.

Nimbies - Barbiturates (nembutal).

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Nod - A condition of stupor or semi-stuppor as a result of taking a narcotic drug .

O.D. - An overdose of some drug, usually heroin. Such an overdose may sometimes be fatal .

Off - Withdrawn from drugs .

On a trip (on a rip) - Under the influence of LSD or other hallucinogens.

On the beam - Under the influence of marijuana .

On the nod - Under the influence of drugs .

On the street - Out of jail .

On the stuff - Regular user or addict .

Oranges - Detroamphetamine sulfate tablets .

Outfit - Equipment needed to prepare a drug such as heroin, for injection and to inject it .

Out of this world - Under the influence of marijuana .

Outside of myself (out of the body) - The feelings a person experiences while he is under the influence of LSD .

Park - Heroin .

Pad - Living quarter, especially a room or apartment where drugs may be taken .

Panic - Sudden shutting off of drug supply .

Paper - A prescription or packet of narcotics .

Peach - Inform to authorities on law breakers .

Peaches - Amphetamine tablets (Benzedrine; also Dexedrine pills, which are strong "uppers" or stimulants. They are light orange in color .

Peanuts - Barbiturates .

Peddlers - A dealer in drugs; a pusher or connection; sometimes called simply "the man".

Pep-pills - Stimulants (amphetamines).

P. G. (P.O.) - Paregoric.

Piece - A container of drugs; one ounce of heroin or some other drug.

Pig - A person who uses drugs without any attempt at self-control; a "hog". This term is also used to refer to the police.

Pill-gulper (or guzzler) - One who self-medicates with quantities of amphetamines, barbiturates or tranquilizers.

Pill-head (pill freak, Pilly, pinhead) - A pill-drug abuser.

Pinch - A small amount of marijuana, especially when it is given away.

Pinks - Second tablets.

Pink ladies - Barbiturates.

Plant - A cache of narcotics.

Point - Needle used for injection of drugs.

Pop - To inject drugs, such as heroin, not directly into a vein but just under the skin.

Pot - Marijuana (the most widely used name).

Pot-head - Marijuana user.

Pot party - Marijuana party.

Purple hearts - Dexamyl, a combination of Dexedrine and Amytal (name given for the shape and color).

Pusher - Drug salesman.

Put down - To stop using drugs.

Quill - A folded matchbox cover from which narcotics are sniffed through the nose.

Rainbows - Amobarbital sodium and seconbarbital sodium tablets (Tuinal), so called because they are colored red and blue; a strong barbiturate.

Rap - Rapport.

Reader - A prescription.

Red (Red-devils, Red Birds) - Secobarbital capsules; a barbiturate.

Reefer - A marijuana cigarette.

Re-entry - A return from a "trip".

Rip - Under the influence of LSD.

Roach - A partly-smoked marijuana cigarette; the butt left after smoking.

Roach holder - Device for holding the butt of a marijuana cigarette.

Roll - A roll of aluminum foil containing pills.

Rope - Marijuana.

Roses - Amphetamine sulfate tablets (Benzedrine).

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Rumble - Police in the neighborhood; a shakedown or search.

Run - To take drugs without let-up for at least three days.

Runner - Smuggler of illegal drugs.

Rush - The feeling which a drug user experiences immediately after taking a drug, such as heroin; also known as a "flash".

Sam - Federal narcotic agent.

Satch Cotton - Cotton used to strain narcotics before injection.

Scat - Heroin.

Schmeck - Heroin.

School boy - A user of cocaine.

Score - To purchase drugs.

Scraff a joint - To swallow a marijuana cigarette (to avoid arrest).

Script - Doctor's prescription.

Seccies (seggies) - Barbiturates (Seconal).

Sex-juice - Supposedly a drug to stimulate sexual desire aphrodisiac.

Shake the habit - Completely conquer a drug habit.

Shot - A dose of narcotics.

Shoot - Inject liquid drugs .

Shooting gallery - A place where drugs are injected into addicts and prospective drug abusers.

Shoot up - To inject drugs.

Shrink - Psychiatrist (head shrinker).

Sick - Suffering from withdrawal symptoms; feeling nervous or jittery because of need for drugs.

Silk - A white person .

Sitter - An experienced LSD user who sits with a new user .

Skin pop - Inject liquid drug under the skin (subcutaneously).

Skin popper - Occasional user of narcotics .

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Slammed - In jail.

Sleeping pills - Barbiturates.

Smack - Heroin.

Small fry - Those at the bottom of the drug business who do the "dirty work" for drug dealers and wholesalers.

Smashed - Intoxicated (drug or alcohol).

Smoke - Wood alcohol .

Sneeze it out - Attempt to break the habit.

Sniff or snort - To inhale powdered drugs through the nose. This is usually done with cocaine.

Sniffer - One who inhales drug vapor for euphoria.

Snitch - To inform on a drug user; to "fink".

Snow - Cocaine; sometimes heroin.

Snow bird - A user of cocaine .

Spaced out - Being in a drug daze.

Speed - Methamphetamine, usually injected for rapid result; a strong stimulant.

Speed ball - An injection which combines a stimulant and depressant, often cocaine mixed with morphine or heroin.

Speed demon - Methedrine abuser.

Speed freak - A user of methedrine (or some other stimulant drug); the "freak" or "speeder" shows the effects of the drug by constant restless movements.

Spike - Needle used for injecting drugs.

Spoon - A quantity of heroin supposedly "measured" in a teaspoon; usually between 1 and 2 grams.

Square - One who is not interested in using drugs, not "hep".

Square joint - A regular tobacco cigarette.

Stack - Quantity of marijuana cigarettes.

Stardust - Cocaine.

Stash - Drug warehouse or hiding place; also a supply of a drug; to hide something.

Stick - A marijuana cigarette.

Stock - A quantity of marijuana cigarettes .

Stoned - Intoxicated as a result of taking a drug .

Stone head - Drug bum; an inveterate user .

Stool Pigeon (stoolie) - Informer to authorities .

STP - A highly potent hallucinogen .

Straight - Everyone else (non-drug user); also a person not under the influence of drugs.

Stretch - Dilute heroin with cheap powder (talc) or powdered milk to increase its quantity for greater profit.

Strung-out - Worn out and sick from overdosing with drugs, mainly amphetamines. Another term used for this condition is "wasted".

Stuff - Any dangerous drug, especially heroin and morphine.

Sucker - One who "buys a sales pitch"; one who gets "sold" on drugs by cronies or pushers.

Sugar - Powdered narcotics; cube of LSD.

Sugar down - To adulterate drugs by mixing them with other substances, such as milk sugar.

Supplier - One who stores and sells drugs.

Swingman - A drug supplier.

Take a band (take-off) - To take drugs.

Take up (torch up) - Light a marijuana cigarette .

Taste - To test a drug by trying a small quantity of it.

Tea, Texas Tea (T) - Marijuana.

Tea head - Marijuana user .

Tea party - Social get-together of marijuana smokers .

Tea-shades - Dark eyeglasses to protect dilated pupils of marijuana users .

The man - Dealer in drugs .

Thing - Various amounts of a narcotic .

Thoroughbred - A high type hustler who sells pure narcotics .

Tie off - To apply pressure to a vein (by some kind of tourniquet) so that it is easy to inject a drug .

To be flush (to be helped, to hip, to have savvy) - To understand.

To hit on (to make a meet, to make it) - To buy drugs.

Tooies - Amobarbital sodium and seconbarbital sodium tablets.

Torn up - The condition which results from taking a barbiturate ("downer") and an amphetamine ("upper") at the same time.

Toss - Search.

Toxy - The smallest container of prepared opium.

Tracks - Scars along veins after many injections.

Travel agent (tour guide) - An experienced LSD user who helps or guides a new user.

Trey - A $30.00 purchase of a drug.

Trip,tripping - Being "high" on hallucinogens, particularly LSD; the experience of a person who is under the influence of LSD or some other hallucinogenic drug.

Trip out - Take a drug and have the drug experience, good or bad.

Truck-drivers - Amphetamines.

Tuned in or turned on - Under deep influence of a stimulant drug or hallucinogen.

Turkey - A capsule purported to be a narcotic but filled with a non-narcotic substance.

Turned off - Withdrawn from drugs.

Turps - Elixir of Terpin Hydrate with codeine; a cough syrup.

Twist - A marijuana cigarette.

Uncle - Federal Narcotic Agent.

Up - Euphoric.

Up tight - Anxious; disturbed.

Uppers - Amphetamine drugs, which stimulate or speed up the body.

Ups - Stimulants.

User - A person who uses drugs.

Vic - One has been given a hot shot; a victim.

Wake-ups - Amphetamines (stimulants).

Washed up - Withdrawn from drugs.

Wasted - Under the influence of drugs; also the condition of a user who has been taking drugs heavily for a considerable period of time.

Wedge - A tablet of LSD.

Weed - Marijuana.

Weed head - Marijuana user.

Weekend habit - A small, irregular drug habit, usually limited to non-work days.

Weight - Used in the expression, "carrying weight," which means that the person has drugs on his person.

Whiskers - Federal Narcotic Agent.

Whites - Amphetamine sulfate tablets; stimulants or "uppers".

White stuff - Morphine or heroin.

Wholesaler - One who stocks drugs and sell to drug dealers.

Wired - Under deep influence of a stimulant drug.

Works (tools) - The equipment for injecting drugs.

Yellow jackets - Barbiturates (Nembutal capsules).

Yen - A strong desire for narcotics; an urge to use drugs.

Yen Hook (Hock) - An instrument used in opium smoking.

Yen shee - Opium ash.

YenShee Suey - Opium wine.

Youngblood - Young person starting to use marijuana.

Zunked - Strongly addicted to hard drugs.

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DRUGS AND THE LAWS

If laws alone could control the use and abuse of drugs, the United States would have no problems since it has international treaties, federal statutes, state laws, and local ordinances dealing with all aspects of the drug problem. The international and federal laws usually deal with the importation, production, and sale of drugs. State and local laws usually deal with the possession, sale, and use of drugs and with the penalties for violations.

In surveying local, state, and federal legislation on drug abuse, one sees a wide range of penalties from extremely harsh penalties to a failure to enact any legislation at all. The question that ultimately must be asked is whether the present drug laws are effective.

The following information summarizes existing laws on the international, federal, state, and local levels. Present Dallas Independent School District policy on drug abuse is also included.

INTERNATIONAL LAW

A meeting of the International Opium Commission called by the United States was the first international effort to solve the opium problem. This meeting was held in Shanghai in February, 1909. Following this meeting, other international conventions for the purpose of establishing stricter international controls were held in the Netherlands in 1912, 1913, and 1914. The International Criminal Police Organization (INTERPOL), organized in 1914, still works to prevent international crime and to encourage cooperation between police agencies of different countries. Although it acts as a clearing house for information about crimes and criminals, it has little power to enforce laws against drug traffic.

The League of Nations assumed the power of international control over drugs after World War I. It set up an advisory committee on traffic in opium in 1921 and conducted the Geneva convention in 1925. Another convention for limiting the manufacture and regulating the distribution of narcotic drugs was held in 1931.

After World War II, the United Nations assumed the role of international control over illicit drug t·afiic. In 1948 it placed authority for control in the hands of the World Health Organization (WHO). All synthetic narcotic drugs not controlled by earlier agreements were added to WHO's control. Later action placed controls over opium-growing countries, limited production and maximum stockpiles, and permitted only a few nations to produce for export. In cooperation with the United Nation;s Commission on Narcotic Drug, WHO estimates the world's annual needs for various drugs and curtails the world's production in terms of these needs. It develops international understanding and agreement concerning crucial aspects of the drug problem. It provides sources of information on drugs and their control.

In spite of significant progress in international control, many problems remain. Traffic in and abuse of marijuana is increasing with little progress in its control. The production of opium and coca greatly exceeds the world's medical needs for these drugs. Much smuggling along the Mexican border brings drugs into the United States. In spite of progress so far, greater international cooperation is necessary if drug abuse is to be brought under effective control.

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FEDERAL LAWS

Chronology of Important Federal Legislation Regarding Narcotics and Dangerous Drugs

1906 - Federal Pure Food and Drug Act. Regulate the use of patent medicines containing opiates.

1914 - Harrison Narcotic Drug Act. Still the chief federal law for controlling illicit narcotic traffic. Regulates manufacture and distribution of morphine, cocaine and other narcotics within the country. Until 1914, opium and its derivatives could be purchased without a prescription at drug stores in the United States. These drugs were commonly found as a major ingredient of tonics and some medical remedies. Anyone who wanted narcotics could readily obtain them. The Harrison Act made it more difficult to obtain drugs, although raw opiates and other drugs could still be obtained without much difficulty from other countries. After 1914, drug abusers who had been able to buy drugs and narcotics at drug stores could obtain them only from drug pushers. This illegal practice soon became widespread.

1922 - Narcotic Drugs Import and Export Act. Provides heavy penalties for illegal import and export of narcotic drugs. The aim of this Act was to limit the use of narcotics for legal purposes; however it also tended to force drug users to turn to other drugs, leading to a subsequent increase in marihuana use.

1937 - Marihuana Tax Act. Marihuana was placed under federal control through taxing power, providing the same type of controls over marihuana as the 1914 legislation placed over narcotic drugs.

1942 - Opium Poppy Control Act. Prohibits the growing of opium poppies in the United States except under license.

1946 - Harrison Narcotic Act Amendment. The 1914 law was amended to include synthetic substances having addiction - forming or addition - substaining qualities similar to cocaine or morphine.

1951 - Boggs Amendment. By the 1950's, illegal use of narcotics had increased to the point where stronger legislation seemed warranted. This amendment introduced mandatory minimum sentences for all narcotic drug and marihuana offenses and prohibited suspension of sentences and probation for second offenders.

FEDERAL LAWS (Con't.)

1956 - Narcotic Drug Control Act. Raised mandatory minimum sentences. With the exception of first offenders for possession only, it prohibits suspended sentences, probation and parole.

1960 - Narcotics Manufacturing Act. Provides for licensing and establishment of manufacturing quotas for all manufacturers of narcotic drugs.

1965 - The Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act provide for stronger regulation of the manufacture, distribution, delivery, and possession of stimulants, depressants and hallucinogens. They also provide strong criminal penalties against persons who deal in these drugs illegally. The Food and Drug Administration of the Department of Health, Education and Welfare was given stronger enforcement powers to prevent drug counterfeiting. The amendments were effective February 1, 1966.

1966 - Narcotic Addict Rehabilitation Act. A significant step toward treatment and rehabilitation of narcotic addicts. This legislation, effective February, 1967, provides for civil commitment.

1968 - Drug Abuse Control Amendments to Federal Food, Drug and Cosmetic Act of 1965 increase the penalties for anyone who illegally produces, sells or disposes of dangerous drugs, and imposes misdemeanor penalty for possession.

1969 - A Supreme Court decision removed two of the Federal Government's major legal weapons against marihuana traffic when it held that the Marihuana Tax Act is unenforceable when the accused claims Fifth Amendment privilege against self-recrimination. Also, it declared as unreasonable the law's presumption that a man with marihuana in his possession knows that it was imported illegally, thus violating due process of law.

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FACT SHEET ON FEDERAL NARCOTIC AND DANGEROUS DRUG LAWS

From the Bureau of Narcotics and
Dangerous Drugs, U.S. Department of
Justice, Washington, D.C. 20537

I. Federal Narcotic Drug Laws:

The term "narcotic drugs" includes opium and its derivatives -- such as heroin and morphine; coca leaves and its derivatives -- principally cocaine; and the "opiates" which are specially defined synthetic narcotic drugs. Four principal statutes - the Narcotic Drugs Import and Export Act, the Harrison Narcotic Act, the Narcotics Manufacturing Act of 1960 and the Marihuana Tax Act - control narcotic drugs and marihuana. These laws are designed to insure an adequate supply of narcotics for medical and scientific needs, while at the same time they are planned to curb, if not prevent, the abuse of narcotic drugs and marihuana. In addition to these laws, there are other Federal legislative measures to lend additional control over narcotic drugs.

Narcotic Drugs Import and Export Act: The Narcotic Drugs Import and Export Act authorizes the import of crude opium and coca leaves for medical and scientific needs in the United States. Import of other narcotic drugs is prohibited. Manufactured drugs and preparations may be exported under a rigid system of controls to assume that the drugs are used for medical needs only in the country of destination.

Harrison Narcotic Act: The Harrison Narcotic Act sets up the machinery for distribution of narcotic drugs within the country. Under the law, all persons who import, manufacture, produce, compound, sell, deal in, dispense or transfer narcotic drugs must be registered and pay a graduated occupational tax. The law also imposes a commodity tax upon narcotic drugs produced in or imported into the United States and sold or removed for consumption or sale.

Under the Harrison Act, sales or transfers of narcotic drugs must be recorded on an official order form. However, the transfer of narcotic drugs from a qualified practitioner to his patient and the sale of these drugs from a pharmacist to a patient with a lawfully written doctor's prescription are exceptions to this requirement.

Narcotics Manufacturing Act of 1960: The Narcotics Manufacturing Act of 1960 develops a system of licensing manufacturers to produce narcotic drugs. It also provides a method to set manufacturing quotas for the basic classes of narcotic drugs, both natural and synthetic, insuring that an adequate supply of each drug will be available for medicine and science.

Marihuana Tax Act: The Marihuana Tax Act requires all persons who import, manufacture, produce, compound, sell, deal in, dispense, prescribe, administer, or give away marihuana to register and pay a graduated occupational tax. No commodity tax is imposed on this drug. However, a tax is imposed upon all transfers of marihuana at the rate of $1 per ounce, or fraction of an ounce, if the transfer is made to a taxpayer registered under the act.

Penalty Provisions: Illegal sale or illegal importation of all narcotic drugs and marihuana can mean a penalty of 5 to 20 years in prison and the possibility of a $20,000 fine in addition. A second or subsequent offense receives a penalty of 10 to 40 years in prison with a possible $20,000 fine. There can be no probation or suspension of these offenses.

The penalties for all so-called possession type of offenses range between 2 and 10 years in prison for the first offense and between 5 and 20 years for the second offense. For a third or subsequent offense, the penalty can be from 10 to 40 years in prison. There can be no probation or suspension of sentence for a second or subsequent offense.

Because of the serious nature of narcotic addiction among young persons, the law established special penalties for the sale of narcotic drugs to a minor. The penalty for unlawful sale of heroin to a minor by an adult is a 10 year mandatory sentence in prison, while a penalty of 10 to 40 years in prison is levied when marihuana or other narcotic drugs are sold to a minor.

In 1966 special legislation was enacted to allow those violators who are narcotic addicts to return to useful, productive lives. The Narcotic Addict Rehabilitation Act provides: (1) civil commitment of certain addicts in lieu of prosecution for Federal offenses, (2) sentencing of addicts to commitment for treatment after conviction of Federal offenses, (3) civil commitment of persons not charged with any criminal offense, (4) rehabilitation and posthospitalization care programs and assistance to States and localities.

II. Federal Dangerous Drug Laws: Three groups of dangerous drugs - depressants, stimulants, and hallucinogens - are controlled by the Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act passed in 1965 and amended in 1968.

Drug Abuse Control Amendments: These amendments control drug abuse in two ways. One, they provide for stronger regulations in the manufacture, distribution, delivery, and possession. Two, they provide strong criminal penalties against persons who deal in these drugs illegally.

Thus, all registered manufacturers, processors, and their suppliers, wholesaler druggists, pharmacies, hospitals, clinics, public health agencies, and research laboratories must take an inventory, keep accurate records of receipts and sales of these drugs and make their records available to Bureau of Narcotics and Dangerous Drug agents for examination. No prescription for a controlled drug older than 6 months can be filled nor can refills be made more than five times in the 6 month period.

Penalty Provisions: Illegal possession of the dangerous drugs can mean a maximum penalty of 1 year in prison or a $1,000 fine, or both. However, the offender may be placed on probation for a first offense. If he meets the condition of his probation, the court may set aside his conviction. A second offense allows for probation, but does not allow for the conviction to be set aside. The third offense calls for a maximum prison term of 3 years or a fine of $10,000, or both.

A person who illegally produces, counterfeits, sells, manufactures or possesses dangerous drugs with intent to sell, may receive a maximum penalty of not more than 5 years in prison or a $10,000 fine, or both.

Because of the serious consequences of drug abuse among young people, special penalties are provided for those over 18 years of age who sell or give any of the controlled drugs to persons under the age of 21. The first offense carries a maximum penalty of 10 years in prison, or a fine of $15,000, or both; a second offense increases the maximum prison term to 15 years, or a fine of not more than $20,000 or both.

NARCOTIC ADDICT REHABILITATION ACT OF 1966

I. Civil commitment in lieu of prosecution.

   A. The U.S. District Court may offer an addict the choice of civil commitment in lieu of imprisonment.

   B. Addict ineligible if a prior conviction or charge of crime of violence, two felony convictions, or if charged with importing or selling narcotics.

   C. If selected, addict may not withdraw from program and may be committed for up to 36 months.

   D. Charges not dropped until evaluation made after discharge.

II. Sentencing to commitment for treatment.

   A. U.S. Court may sentence an addict to commitment for treatment if the court believes defendant can be rehabilitated.

   B. Addict ineligible if previously confined on civil commitment, if a prior conviction or pending charge of crime of violence, two felony convictions or if charged with importing or selling narcotics unless done to support own habit.

   C. Commitment may not exceed time person could have been imprisoned or ten years.

III. Civil commitment of persons not charged with any criminal offense.

   A. Addict may petition U.S. Attorney for commitment.

   B. If selected for treatment, addict cannot withdraw from program until discharged.

   C. Commitment is for six months unless discharged sooner, and must undergo posthospitalization treatment.

   D. Failure to conform may result in recommitment by the court.

FACT SHEET ON THE BUREAU OF NARCOTICS AND DANGEROUS DRUGS

The Bureau of Narcotics and Dangerous Drugs was established April 8, 1968. It resulted from the merger of the Treasury Department's Bureau of Narcotics and the Food and Drug Administration's Bureau of Drug Abuse Control.

The Bureau was established to more effectly control the illicit use of narcotics and dangerous drugs through law enforcement, education, training and research. In carrying out its mission, the new Bureau cooperates with State and local governments, universities, private industry, and other organizations.

Enforcement

The Bureau of Narcotics and Dangerous Drugs is responsible for the enforcement of the laws and statutes relating to narcotic drugs, marihuana, depressants, stimulants, and the hallucinogenic drugs. To achieve this goal the Bureau has stationed highly trained agents along the traditional routes of illicit traffic, both in the United States and in foreign countries. Its objectives are to reach the highest possible sourses of supply and to apprehend the greatest quantity of illicit drugs before they reach the street.

Besides enforcing the laws, the Bureau also regulates the legal trade in narcotic drugs. This entails establishing import, export, and manufacturing quotas for these controlled drugs. Physicians, pharmacists and other persons responsible for handling, dispensing or prescribing narcotics and dangerous drugs may be subject to periodic inspections by Bureau representatives. Such supervision of legitimate trade insures an adequate supply of drugs for medicinal purposes and research, and at the same time is instrumental in preventing diversion of drugs into illicit channels.

Education

Another area of responsibility for the new Bureau of Narcotics and Dangerous Drugs is edcation. The Bureau develops educational programs based on factual information which it disseminates to the general public. As part of its program to make citizens aware of the hazards of narcotics and dangerous drugs, the agency provides literature, speakers, films, and displays to a variety of organizations. It also works closely with educators, as well as local, State, and national Government agencies, associations and organizations in planning and conducting educational programs. An effort is made to conduct these educational activities at a regional level whenever possible.

FACT SHEET ON THE BUREAU OF NARCOTICS AND

DANGEROUS DRUGS (Con't)

Training

The Bureau also provides Federal, State, local, and foreign law enforcement officers with specialized training in narcotic and dangerous drug control. Training sessions are held at Bureau headquarters as well as in the field in those regions where drug abuse is a major problem. Special training is also offered to college deans, pharmacists, forensic chemists, and industrial plant security personnel.

Research

In an attempt to accumulate up-to-date information regarding the drugs under its jurisdiction, the Bureau encourages and sponsors controlled scientific research in the field of drug abuse. This is an extremely important program in that field and encompasses clinical, social, psychological, physical, and biological research. The Bureau also calls upon its Scientific Advisory Committee on Drugs for opinions regarding whether or not certain new drugs should be brought under control. The Bureau as part of its scientific staff employs physicians, pharmacologists, psychologists, chemists, statisticians, pharmacists, and professional educators.

STATE LAWS

State laws dealing with drugs are not uniform; the laws very widely both in terms of the drugs included and the penalties invoked. A summary of some of the State of Texas' Narcotic and Dangerous Drug Laws follows.

I. Uniform Narcotic Drug Act (Art. 7256, Texas Penal Code)

A. "Narcotic drugs" is defined to include coca leaves, opium, cannabis (marihuana), amidone and isonipecaine and substances related to them.

B. Prohibited Acts

1. Manufacture, possession, selling, administering, compounding, etc. any narcotic drug

2. Possession of pipe, instrument, or contrivance used in smoking a narcotic drug.

3. Possession of hypodermic syringe or needle except by physicians, nurses, pharmacists, etc. or as directed by a physician.

C. Only manufacturers or wholesalers duly registered under Federal Narcotic laws may sell or dispense narcotic drugs, but only an official written orders.

D. Pharmacists may dispense narcotic drugs on written prescription from a physician, and a physician may administer such drug.

E. All handlers of narcotic drugs must keep records showing receipt and disposal.

F. Any place resorted to by addicts for purpose of using narcotic drugs is deemed a common nuisance.

G. Narcotic drugs contrary to law are contraband and subject to seizure by any officer of DPS or any peace officer.

H. Peace officers having cause to believe any person has in his possession narcotic drugs may file a complaint before a magistrate and procure a search warrant.

STATE LAWS (Con't.)

I. Penalties

1. Possession of any Narcotic Drug (always a felony)

1st offense - confinement in the penitentiary for life or for any term of years not less than two.
2nd offense - confinement in the penitentiary for life or for any term of years not less than 10.
3rd offense - confinement in the penitentiary for life.

2. Sale of any Narcotic Drug (always a felony)

1st offense - confinement in the penitentiary for life or for any term of years not less than five.
2nd offense - confinement in the penitentiary for life or for any term of years not less than10.
3rd offense - confinement in the penitentiary for life.

NOTE: The punishment for sale to a minor under the age of 19, second offense, provides for the death penalty.

II. Compulsory Treatment of Narcotic Addicts (Art. 725c, Texas Penal Code)

A. Makes it unlawful for person to be addicted to narcotic drugs.

B. Violation punishable by confinement in penitentiary for period of not over 3 years, suspended sentence not available.

C. Probations available, but court may order hospitalization until cured of addiction.

III. Contraband Narcotics - Transportation or Possession (Art. 725d, Texas Penal Code)

A. Makes it unlawful to transport, conceal or possess in any vehicle, vessel or aircraft, or use same to facilitate transportation or sale of contraband narcotics.

B. Any vessel, vehicle or aircraft so used subject to seizure and forfeiture to DPS, Narcotics Section.

IV. Dangerous Drugs Act (Art. 726 d, Vernon's Penal Code)

A. Regulates among other the following:

1. Barbiturates, its derivatives and other hypnotic drugs.

2. Amphetamines, methamphetamine and compounds thereof.

3. Hallucinogenic drugs including LSD, DMT, mescaline, peyote, psilocybin, and bufotemine.

4. Any drug restricted to prescription use by Federal law.

B. It is unlawful to:

1. Deliver a dangerous drug except by a physician or by a pharmacist on order of a physician.

2. Possess a barbiturate or hypnotic drug, amphetamine, or hallucinogenic drug unless obtained on bonifide prescription and the drug is in original prescription container.

3. Refuse inspection by Board of Pharmacy or fail to keep proper records.

4. Forge or increase the quantity of dangerous drugs on a prescription, or to obtain dangerous drugs by means of fictitious or fraudulent telephone calls.

C. Penalties

1. Possession of a Dangerous Drug

1st Offense - (Misdemeanor) confinement in jail for a period of not less than 30 days nor more than two years, and -or a fine not to exceed $3,000.
2nd Offense - (Felony) confinement in the penitentiary for any term of years not less than two nor more than 10 years.

2. Sale of a Dangerous Drug (Always a Felony)

1st Offense - Confinement in the penitentiary for any term of years not less than two nor more than 10 years
2nd Offense - Confinement in the penitentiary for 10 years
3rd Offense - Confinement in the penitentiary for life

3. Any person over twenty-one(21) years of age who hires, employs, or uses a person under twenty-one(21) years of age in unlawfully transporting, carrying, selling, giving away, preparing for sale, or peddling any dangerous drug, or who unlawfully sells, gives, furnishes, administers, or offers to sell, give, furnish or administer any dangerous drug to a person under twenty-one(21) years of age shall, upon conviction, be punished by confinement in the penitentiary for life or for any term of years not less than ten (10).

LEGAL CONSEQUENCES OF CONVICTION ON A FELONY CHARGE*

Anyone who has ever been convicted on a felony charge loses the following Rights FOR THE REST OF HIS LIFE:

1. Loss of the right to vote.
2. Loss of the right to hold many public offices.
3. Loss of eligibility for security clearances required in many jobs involving government contracts.
4. Serious impairment of job opportunities since the fact of a felony indictment is made a part of the credit reference reports and police records.
5. Loss of eligibility to enter many areas of postgraduate training such as law, medicine, nursing, etc.
6. Loss of eligibility for a commission in the armed forces.
7. Loss of eligibility for a veterans administration pension.
8. Loss of eligibility to be an officer in a small business investment company.
9. Loss of eligibility to work as an investment advisor.
10. Loss of eligibility for a civil service pension or annuity.
11. Loss of eligibility to hold office in any labor union.

In addition, in Texas and most of the other states, a person convicted of a felony cannot obtain a license to work in the following trades and professions: THESE RESTRICTIONS ARE IMPOSED FOR THE PERSON'S ENTIRE LIFETIME.

1. Attorney
2. State Banking Department
3. Barbering
4. Hairdressing
5. Cosmetologist
6. Dentistry
7. District Clerk
8. Funeral Director or Embalmer
9. Life Insurance Counselor
10. Nursing
11. Optometry
12. Pharmacist
13. Physician or Surgeon
14. Plumbing
15. Membership in a rural credit union

Anyone convicted of a felony has a permanent police record with the local police, the state police, and the Federal Bureau of Investigation. Prospective employers and credit bureaus often check these records.

* This fact sheet was distributed courtesy
Kiwanis Club of White Rock

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LOCAL LAWS

The city of Dallas currently has two city ordinances dealing with drugs. Ordinance No. 11936 deals with the sale and use of model glue and Ordinance No. 12905 deals with the sale and use of pharmaceutical preparations containing codeine.

Ordinance No. 11936

WHEREAS, during the past year there have been numerous reported cases of juveniles sniffing "model glue", the bad effects of which have caused them to be absent from school; and

WHEREAS, the practice of inhaling the fumes from such glue has harmful effects upon the health of individuals indulging in the practice; and

WHEREAS, the current easy access and availability of such glue to juveniles encourages the harmful practice of inhaling the fumes therefrom; and

WHEREAS, it is in the public interest to regulate the sale of glues and cements containing volatile solvents; Now, Therefore,

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DALLAS:

SECTION 1. That Chapter 31 of the 1960 Revised Code of Civil and Criminal Ordiances of the City of Dallas, Texas, as heretofore amended, be and the same is hereby amended by adding thereto a new Section 31. 11. 1, which shall read as follows:

"Section 31.11.1 - Glue - Sale and Use of 'Model Glue' for Unlawful Purposes.

"(a) As used herein 'model glue' shall mean any glue or cement of the type commonly used in the building of model airplanes, boats and automobiles, or any similar substance which contains one or more of the following volatile solvents:

1. Acetone
2. Amylacetate
3. Benzol or Benzene
4. Butyl Acetate
5. Butyl Alcohol
6. Carbon Tetrachloride
7. Chloroform
8. Cyclohexanone
9. Ethanol or Ethyl Alcohol
10. Ethyl Acetate
11. Hexane
12. Isopropanol or Isopropyl Alcohol

13. Isopropyl Acetate
14. Methyl 'Cellosolve' Acetate
15. Methyl Ethyl Ketone
16. Methyl Isobutyl Keton
17. Toluol or Toluene
18. Trichloroethylene
19. Tricresyl Phosphate
20. Xylol or Xylene

or any other solvent, material, substance, chemical, or combination thereof, having the property of releasing toxic vapors.

"(b) As used herein 'kit' shall mean any collection of materials used for the construction of model airplances, model boats, model automobiles, model trains or other similar assemblage of construction materials.

"(c) It shall be unlawful for any person knowingly and intentionally to sell or otherwise transfer possession of any type of 'model glue' to any minor under the age of eighteen years for any purpose whatsoever, unless at the time of the sale or other transfer of possession said minor is accompanied by a parent or guardian, as the case may be, and the written consent to such sale or transfer of said minor's parent or guardian is signed by said parent or guardian in the presence of the person making the sale or transfer. In such cases, the seller or transferor shall make a written record of such transaction, showing the name, address, sex and age of the minor, as well as the name and address of the consenting parent or guardian, which said record must be kept available for inspection by the police for a period of at least twelve (12) months from the date of sale or transfer; provided separate records need not be kept if the seller or transferor retains the consent letter, where such letter contains all the required information as herein set forth. At any time that an establishment is open for business, the police shall have full authority to inspect any and all records pertaining to the sale of 'model glue' as herein defined, and it shall be a violation hereof to refuse the records to any police officer of the City of Dallas requesting the same in his official capacity.

"(d) It shall be unlawful for any person to sign and furnish any consent letter of the sort referred to in paragraph (c) above that is false in any respect.

"(e) The provision of paragraph (c) above shall not apply where the 'model glue' is sold, delivered or given simultaneously with and as a part of a 'kit' used for the construction of model airplanes, model boats, model automobiles, model trains or other similar models.

"(f) It shall be unlawful for any person selling or offering for sale 'model glue' to display the same on open shelves or counters in his business establishment in such a manner as to make the same accessible to customers or other members of the public.

"(g) It shall be unlawful for any person to inhale or to otherwise induce into his respiratory or circulatory system any 'model glue' as herein defined, with the intent of becoming intoxicated, elated, dazed, paralyzed, irrational or in any manner changing or distorting his eye sight, thinking process, judgment, balance or coordination.

"(h) It shall be unlawful for any person to carry upon his person 'model glue', as herein defined, unless the same is being transported from the place of purchase to his place of residence or business, or is a part of a 'kit' as herein defined. Provided that this shall not prohibit the use of the same at the residence or place of business of such person in connection with the building of model airplanes, boats, automobiles or other similar uses.

"(i) It shall be unlawful for any person intentionally to possess, buy, sell or otherwise transfer any 'model glue' as herein defined, for the purpose of inducing or aiding any other person to violate the provision of paragraphs (g) and (h) hereof."

SECTION 2. That all ordinances or parts of ordinances inconsistent or in conflict with the provision of this Ordinance are hereby expressly repealed.

SECTION 3. That any person or persons who violate any provision of this ordinance shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine not to exceed Two Hundred Dollars ($200.00)and each offense shall be deemed to be a separate violation and punishable as a separate offense.

SECTION 4. Should any section, subsection, sentence, provision, clause or phrase to be held to be invalid for any reason, such holding shall not render invalid any other section, subsection, sentence, provision, clause or phrase of this ordinance, and same for this purpose are deemed to be severable.

SECTION 5. The fact that minors under the age of eighteen years are easily obtaining 'model glue', as herein defined, and are inhaling fumes therefrom for the purpose of inducing effects that are harmful to their health, creates an urgency and an emergency in the preservation of the public peace, health, safety, comfort and general welfare and requires that this ordinance shall take effect immediately from and after its passage and it is accordingly so ordained.

Ordinance No. 12905

WHEREAS, It has come to the attention of the City Council of the City of Dallas that there has been a substantial increase in the use of certain pharmaceutical preparations containing the narcotic, codeine, such increased use being for the purpose of obtaining results not consistent nor associated with medical treatment intended by the use of such pharmaceutical preparations; and many sales of same have not been made in good faith; and

WHEREAS, the City Council has determined that there is a urgent and imperative necessity to protect the public health, safety and welfare of members of the public by imposing regulations concerning the sale, purchase and acquisition of such pharmaceutical preparations; Now, Therefore,

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF DALLAS:

Section 1. That Chapter 17 of the Revised Code of Civil and Criminal Ordinances of the City of Dallas be amended by adding thereto a new Section designated as Section 17-66a, which shall read as follows:

"Section 17-66a. Sale of pharmaceutical preparations containing codeine.

(a) Words, phrases and abbreviations as used herein are used and taken to mean as they are defined in the laws of the State of Texas.

(b) It shall be unlawful for any apotecary, pharmacist, or any other person, to sell, deliver, dispense, offer for sale, bargain, barter, or give away any pharmaceutical preparation which contains any amount of codeine, or any of its salts, and including 64.8 (mgs.) milligrams (1 grain) per 29.5729 (cc) cubic centimeters (1 fluid ounce), or per 28.3 grams (1 avoirdupois ounce), without a written prescription or an oral prescription of a physician, dentist or veterinarian, stating the name and address of the patient for whom, or the owner of the animal for which the drug is dispensed, and the full name, address, and registry number of the person prescribing, if he is required by law to be so registered. The person filling the prescription shall write the date of the filling and his own signature on the face of the prescription. The prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of two (2) years, and shall be readily available and accessible for inspection by any public official or employee engaged in the enforcement of the terms of this ordinance. It shall likewise be unlawful for any person to purchase or receive such pharmaceutical preparations as described hereinabove without such described prescription in the manner hereinabove set forth.

(c) It shall be unlawful for any apothecary, pharmacist, or any other

person, to refill any prescription for the pharmaceutical preparations described hereinabove, and it shall be unlawful for any person to have such prescription refilled, after same has theretofore been refilled twice."

SECTION 2. Penalty. Any person who violates any provision of this Ordinance shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in any sum not to exceed TWO HUNDRED DOLLARS ($200.00) and each offense shall be deemed to be a separate violation and punishable as a separate offense.

SECTION 3. Any ordinance in direct conflict herewith is hereby repealed, but all other provisions of the Dallas City Code not in conflict herewith shall not be affected hereby, and shall remain in full force and effect.

SECTION 4. If any portion or provision of this ordinance shall be held invalid or unconstitutional by a court of competent jurisdiction, such holding shall not affect the remaining portions hereof, but same shall be considered severable.

SECTION 5. That this ordinance shall take effect immediately from and after its final publication in accordance with the provisions of the Charter of the City of Dallas and it is accordingly so ordained.

DALLAS INDEPENDENT SCHOOL DISTRICT POLICY ON THE POSSESSION AND USE OF NARCOTICS AND DANGEROUS DRUGS

Any student found selling, possessing or under the influence of a narcotic or dangerous drug (as defined by the Penal Code of the State of Texas, including but not limited to marijuana, LSD, barbiturates, and heroin), not prescribed by licensed physician, or non-narcotic intoxicants such as glue, unprescribed cough medicine, gasoline, or alcohol while on school premises or while participating in a school-sponsored activity shall be suspended. After such suspension, each case must be reviewed by the Administrative Assistant-Student Affairs before the student can be readmitted to school. A further appeal may be made to the Assistant Superintendent-Secondary/ Elementary Education if so desired.

Any case involving the possession and misuse of narcotics and dangerous drugs should be reported immediately to the Administrative Assistant-Student Affairs by phone and in writing. The parent or guardian should also be notified immediately and requested to come to the school. After proper notification, if the parent or guardian cannot or will not come to the school, a letter should be sent to him describing the circumstances. The Juvenile Division of the Dallas Police Department should also be notified immediately.

Article 2338-1, Revised Civil Statutues of Texas, establishes procedures whereby juveniles can be dealth with under civil rules in cases of use or possession of drugs. Legal Attorney's office, include the following.

(1) Any juvenile found guilty of possession of a narcotic drug may be sent to a juvenile correctional institution until he is 21 years of age or may be placed under the supervision of a probation officer. (Penal Code, Art. 726b)

(2) Any juvenile found guilty of possession of a dangerous drug - any drug unsafe for self-medication - may be punished as in narcotic offenses. (Penal Code, Art. 726d)

(3) For possession of a hallucinogenic substance, the juvenile offender will be treated as in narcotic and dangerous drug offenses.

(4) Any person, juvenile or adult, found in violation of the drug laws of Texas will be arrested and prosecuted, thus giving him a permanent record of arrest.

Any student moving into the Dallas Independent School District, who for any of the above reasons, is under suspension from another school system shall not be admitted until his suspension term has been ended, or he has been exonerated by the suspending district.

A report of any disciplinary action concerning the above violations shall be sent immediately to the receiving principal of the school to which a student under such action may transfer.

A PUPIL SURVEY BLANK

Pupil Problems, Interests, and Needs

Teachers may give either of the following "attitude tests" or use them as a guide in creating their own.

School counselors may have other inventories available for teacher use upon request.

This blank has been used by many schools as a device to help locate the problems, interests, and needs of pupils.

The faculty is interested in finding better ways to help you. You can help by answering the following questions. Please feel free to write just what you think. This information will be confidential, and will help us plan more effectively for the future.

1. What is now giving you the greatest satisfaction?

2. What do you like most about your school?

3. What do you like least about your school?

4. What is your greatest problem at the present time?

5. What are you most afraid of?

6. What do you like to do in your spare time? What is your strongest interest?

7. What are your vocational plans for the future?

   a. What kind of work would you most like to do when you finish school?

   b. What kind of work will you probably have to do when you have finished school?

8. What was your greatest problem when you first came to this school?

   a. What will probably be your greatest problem when you leave this school?

9. What person do you usually go to for help with your problems?

10. What is the most important one thing the school should do for you?

EVALUATION:

Here is your chance to write exactly what you feel. You may write anything you like, but it must be just what you think.

1. Today I feel _____
2. When I have to read, I _____
3. I get angry when _____
4. To be grown up _____
5. My idea of a good time is _____
6. I wish my parents knew _____
7. I can't understand why _____
8. School is _____
9. I feel bad when _____
10. I wish teachers _____
11. I wish my mother _____
12. GOING to college _____
13. To me, books _____
14. People think I _____
15. I like to read about _____
16. On weekends I _____
17. I'd rather read than _____
18. To me homework is _____
19. I hope I'll never _____
20. I wish people wouldn't _____
21. When I finish high school _____
22. I am afraid _____
23. Comic books _____
24. When I take my report card home _____
25. I am at my best when _____
26. Most brothers and sisters _____
27. I don't know how _____
28. When I read math _____

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29. I feel proud when _____

30. The future looks _____

31. I wish my father _____

32. I like to read when _____

33. I would like to be _____

34. For me studying _____

35. I often worry about _____

36. I wish I could _____

37. Reading science _____

38. I look forward to _____

39. I wish _____

40. I'd read more if _____

41. When I read out loud _____

42. My only regret _____

SUGGESTED FILMS AND FILMSTRIPS FOR DRUG ABUSE EDUCATION

A number of films on drugs and narcotics are available for school and public use. No film gives all the answers, and some bring more problems than solutions. They vary greatly in emphasis and impact - therefore it is strongly urged that any film be previewed before showing it. Match the film to the intended audience, remembering that no film is suitable for every audience. A knowledgeable person should conduct and encourage the viewers to discuss the positive and negative issues of each film after presentation.

Resources Available through the Audio-Visual Library-
Dallas Independent School District

17 Films
8 Filmstrips with records
1 Tape set
1 Identification Kit

16mm Films:

Number	Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
HX-703	Drugs and the Nervous System	1967	6-12(R) Adults	18 min. Color	Churchill	The film shows both beneficial and harmful effects of drugs on the human mind and body. It examines basic facts about misuse of airplane glue, stimulants, depressants, marihuana, and LSD.
HX-7118	FDA Special Report: Drug Abuse-Bennies and Goofballs	1966	9-12(R) Adults	20 min. B & W	Precision Films U.S. Depart. of H.E.W.	Documentary report on the proper use and misuse of two major classes of prescription drugs - amphetamines and barbiturates - details the dangerous psychological effects of "pill-popping".
HX-7116	Marihuana	1968	7-12(R) Adults	34 min. Color	Bailey	Pop singer Sonny Bono conducts viewers through this compte-morary examination of the pros and cons of marihuana use and abuse. This film examines the facts about physical dangers, emotional dependency, and the legalities of marihuana.
HX-7113	Fight or Flight	1967	7-12(R)	16 min. Color	International Association of Chiefs of Police	This film shows emphasis on the evil effects of heroin, LSD, marihuana, and "pills" through reminiscences of former addicts.
HX-7117	Hide and Seek	1966	7-12(R)	14 min. Color	Columbia U.	Shows the anguish and despair of a teenager caught by the narcotic habit and unable to shake it. The actual addict narrates the true story of his helplessness and the realization that he has unwillingly committed himself to a joyless and hopeless existence.

Number	Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
HX-7121	The Little Pusher	1970	7-12(R) Adults	25½ min. Color	Universal	Dramatizes the plight of a 12 year old boy who smoked marihuana and took amphetamines and barbiturates. Through interviews with parents, doctors, police, and school officials, it explains why young people take drugs in the first place and why they can end up taking overdose.
HX-7110	Hooked	1966	7-12(R)	20 min. B & W	Churchill	Young ex-addicts tell their experiences when using drugs. Their descriptions are uninhibited, sometimes shocking, and make frequent use of addicts' jargon. They tell what impelled them to use drugs, how drug abuse affected their relationships with others, and the disgust with which they now regard their drug experiences.
HX-757	LSD	1967	7-12(R) Adults	28 min. Color	USN	Officer of the U.S. Navy Medical Corps delivers a lecture on the history, properties, and effects of LSD. Emphasis is placed on the drugs phenomenal potency; its ability to create a mental state resembling insanity, the possibility of recurrent effects without further drug use, the risk of psychosis, suicide and genetic damage.
JX-282	The Distant Drummer	1968	Sr. High Adults	45 min. Color	NIMH	This film shows a survey of the current youth scene. Escapism and rebellion, especially as manifested in drug abuse, provide the focal points. It includes information on LSD, Methadrine, marihuana and heroin.

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Con't. 16mm Films:

Number	Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
HX-740	Thinking About Drinking	1967	7-12	14½ min. Color	Alfred Higgins	The effects of alcoholic beverages on the body, the nervous system, and behavior.
H-7108	To Your Health	1965	7-12	10 min. Color	Columbia U.	Alcohol and alcoholism: What is alcohol? What causes drunkeness? Why do people drink anyway?
TX-040	A Breath of Air	1967	7-12	21 min. Color	American Cancer Society	Medical and scientific evidence of health hazards in cigarette smoking?
TX-041	The Embattled Cell	1967	7-12	21½ min. Color	American Cancer Society	Laboratory studies of normal and diseased lung cells.
T-039	The Huffless, Puffless Dragon	1964	7-12	8 min. Color	American Cancer Society	The adventures of a cigarette smoking dragon shows how smoking is harmful.
TX-022	Is Smoking Worth It?	1965	6-12	20 min. Color	American Cancer Society	The evidence establishes smoking as a major cause of lung cancer. The difficulty of breaking a smoking habit.
H-7109	Anyone Smoke?	1965	7-12	9 min. Color	Columbia U.	Information on the health risks taken by those who smoke cigarettes.
HX-817	Tobacco and the Human Body	1955	7-10	15 min.	Encyclopedia Britannica	An authentic report on the scientific results of modern research evaluating the effects of the use of tobacco. The contents of tobacco smoke, some of the physiological effects of smoking, and the factors to be considered in deciding whether or not to smoke.

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Filmstrips and Records:

Number	Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Rh-706.1-9	Alcohol, Narcotics, and Tobacco Series	1966	7-12(R)	- Color	Eye Gate	This series includes nine filmstrips and tape recordings- Rh-706.1-Alcohol-Chemistry and Uses Rh-706.2-Alcohol-Health and Control Rh-706.3-Narcotics-Background Information Rh-706.4-Narcotics and Health Rh-706.5-Control of Narcotics Rh-706.6-Tobacco-Historic Background Rh-706.7-Tobacco-Statistics and Chemistry Rh-706.8-Tobacco and Health Rh-706.9-Tobacco- Report of U.S. Surgeon General's Advisory Committee - January 11, 1965.
Rh-702.1-6	Drugs In our Society Series	1968	9-12(R)	- Color	SVE	This series includes six filmstrips and three records. Rh-702.1 Tobacco: The Habit and the Hazards Rh-702.2 Alcohol: Decisions about Drinking Rh-702.3 RX; Not for Kicks Rh-702.4 Narcotics: Uses and Abuses Rh-702.5 Marihuana: A Foolish Fad Rh-702.6 LSD: Worth the Risk?
Rh-705.1-6	Tell It Like It Is Series	1968	6-12(R)	- Color	Tane	This series includes six filmstrips and three records- Rh-705.1 Alcohol: Fun or Folly? Rh-705.2 Smoking ... or Health Rh-705.3 LSD: Trip or Trap? Rh-705.4 Glue-Sniffing:: Big Trouble In a Tube Rh-705.5 Why Not Marihuana Rh-705.6 Let's Talk About Goofballs and Pep Pills

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Con't. Filmstrips and Records:

Number	Title	Date	Grade Level	Length Color/ B & W	Producer	Brief Description
Rh-707.1-2	Let's Talk About Drugs	1969	Selective Teaching K-6	30 min. Color	Multi-Media	This series includes two triple-length filmstrips and two records for lower-grade level children. It is not only about drugs, but about one's self and can be used in selective teaching. Rh-707.1 Sessions 1-3 Rh-707.2 Sessions 4-6
Rb-211.1-2	Facts about Smoking, Drinking	1960	9-12	- Color	SVE	Popularity Problems of older Teens Series
Rb-210.1	The Smoking Problem	1960	7-9	- Color	SVE	Popularity Problems of Young Teens Series
Sh-406	To Smoke or Not To Smoke	1962	7-12	15 min. Color	American Cancer Society	One filmstrip and record showing the research findings relating to smoking and the incidence of Cancer.
Sh-408	I'll Choose the High Road	1964	7-12	- Color	American Cancer Society	One filmstrip and record to inform young people about the risks of cigarette smoking before they start to smoke.

TAPES:

-	The Choice IS Yours	1970	7-12	-	Cassette	This audio program deals with drug abuse and other problems faced by today's youth. Designed with students in mind, the tapes never preach. They merely "tell it like it is" and leave the choice up to the listener.

KIT:

Number	Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
-	Drug Identification Kit	1970	5-12 Adults	-	Cassette	This kit is aimed toward identification and awareness of commonly abused drugs and narcotics. It has been created on the theory that it is vital that every parent, teacher, and child be allowed an opportunity to view and recognize the dangerous drugs and narcotics prevalent in today's society.

TRANSPARENCIES:

SLIDES:

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List of resources available through other sources -

Educational Service Center-Region X
Bureau of Narcotics and Dangerous Drugs - Region XI
American Cancer Society
Dallas Council on Alcoholism
State and Local Health Departments
Texas Education Agency
National Institute of Mental Health -
  Drug Abuse Film collection
Dallas County Medical Society
Film Libraries
Others

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16mm Films:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
LSD-Insight or Insanity	1968	7-12 Adults	28 min. Color	Bailey	This film documents the dangers of unsupervised use of LSD and explains what is known about its physiological and psychological effects. It shows scenes pertaining to teen-age struggles, pressures, and other motivations as they pertain to drug use.
The Seekers	1967	Sr. High Adults	30 min. Color	N.Y. State Narcotics Addiction Control Commission	Young ex-drug users and ex-addicts discuss the unpleasantness of their lives when they were taking dope. It brings in the use of marihuana, LSD, and heroin.
Grooving	1967	Sr. High	30 min. Color	N.Y. State Narcotics Addiction Control Commission	Young marihuana users discuss their drug experiences and try to solve their problems and "hang-ups".
LSD-25	1967	7-12 Adults	27 min. Color	Professional Arts	The chemical compound LSD-25 is given a voice to tell viewers of its nature and effects. It is technically accurate and effective in showing both sides of its case and gives an excellent example of what a mass-appeal drug education film can be. (Some scenes may be out-dated, but recommended for factual information.)
Ballad of Mary Jane	1967	7-9	23 min. Color	Professional Arts	Marihuana is talking to a young user giving the pros and cons of becoming a steady user and asking him if it is worth the risk.

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Con't. 16mm Films:

Title	Date	Grade Level	Length Color/ B & W	Producer	Brief Description
Pop Is a Put On	1967	5-7	10 min. Color	Professional Arts	A Cartoon-type film using black-out techniques to ridicule a marihuana user. This film should be shown only as a follow-up of a serious and factual film on marihuana.
LSD: A Trip to Where?	1968	10-12 Adults	25 min. B & W	McGraw-Hill	The film opens to interviews with Dr. Timothy Leary and Dr. Sydney Cohen discussing different views on the use of LSD. It shows various research studies and in conclusion states that LSD's potential dangers far outweigh any possible benefits.
LSD, Trip- or Trap	1968	6-12	20 min. Color	Sid Davis	A very good film explaining the facts about the use of LSD. Recommended for grades 8-10.
Beyond LSD	1968	Sr. High Adults	25 min. Color	Film Associates	This film is about the communication gap between two generations; teenagers and young adults on one hand, and those over thirty - "the establishment" - on the other. It discusses drug abuse as only one symptom of the gap. It is intended to stimulate thought and motivate discussions among parents, students and teachers.
The Circle	1967	Sr. High Adults	(2 Parts) 57 min. B & W	McGraw-Hill	This stark film portrays the experiences of a drug addict who voluntarily enters a treatment center in order to kick his habit.

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Con't. 16mm Films:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Narcotics - Why Not?	1966	7-12 Adults	15 min. Color	Cahill	Impressive film presents series of extemporaneous interviews with male and female residents of the California Rehabilitation Center. Teen-agers and young adults relate how they were introduced to glue, stimulants, and depressants, marihuana, and heroin. They tell what it is like to be under the influence of dangerous drugs, discuss regrets, and examine hopes for the future.
Escape To Nowhere	1968	Sr. High Adults	25 min. Color	Professional Arts	The camera travels with Debbie, a 16 year-old addict, moving through her lonely world as she describes how she started on drugs and reveals the futility of her present existence.
The Losers	1960	7-12 Adults	31 min. B & W	Carousel Films	Fine exposition of the drug abuse problem in relation to teen-agers. The film examines the prevalence and habitual use of chemicals and drugs among young people from 12-21. Actual experiences are recounted by youths from both slums and "nice" neighborhoods. Clear presentations are given of the harmful effects of glue-sniffing, use of marihuana, stimulants, depressants, and heroin.
Drug Abuse: The Chemical Bomb	1969	7-12	19 min. Color	Film Distributors International	This film covers the abuse of barbiturate pills, methedrine, marihuana, glue, and deliriants.

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Con't. 16mm Films:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Driving and Drugs	1969	Sr. High Adults	15 min. Color	Modern Talking Pictures, Inc.	The purpose of this film is to make students aware of the facts relative to drug abuse and how it affects driving. The whole tone of the film is "leveling" with young people by giving them the facts about drugs - whether they drive or not - and leaves them to make their own decisions.
The Riddle	1966	7-12 Adults	20 min. B & W	Quest Production	An exceptional documentary which strips drug abuse of any glamour. The camera follows actual glue sniffers, cough medicine drinkers, and heroin addicts into alleys, tenements, and physicians offices where their comments and responses clearly show the hopelessness of their lives. It may shock some viewers.
The Mind Benders - LSD and the Hulluinogens	1968	Sr. High Adults	26 min. Color	FDA Vision Associate	This film objectively explores the potential therapeutic uses and the known hazards of LSD and other hallucinogens (psilocybin, mescaline, DMT) as well as some of the motivations of abusers. Outstanding medical authorities and users of the drugs appear in this documentary.
Drug Abuse: One Town's Answer	-	7-12 Adults	16 min. Color	Aims Instructional Media Service	A very good film on the factual information of drug abuse - especially good for teacher training programs and PTA groups.
Hello America	1967	Adults	29 min. B & W	Cinema Verite Co.	This film is intended for teachers, adults and professionals.

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Con't. 16 mm Films:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Narcotics-The Inside Story	1967	6-9	12 min. Color	Cahill	A simple approach to illustrate the functions of the five senses and the central nervous system. It classifies the different drugs (narcotics, LSD, marihuana, depressants, sedatives) and tells their effects on the central nervous systems. Viewers are warned of the dangers of drug abuse and urged to exercise their sixth sense - common sense.
Speed Scene	1968	7-12 Adults	17 min. Color	Bailey	An excellent film on factual information about the problems of amphatamine abuse. It has effectiveness in reaching the desired viewer on these drugs and how they frequently lead to other dangerous, addictive drugs such as heroin.
The Trip	-	6-12 Adults	3½ min. Color	Newen-house-Novo	A good film to use in a discussion on drug abuse, decision making, and results of experimenting just to "go along with others."
A Little Younger-A Little Older	1968	7-12 Adults	- B & W	-	This is a very good film on factual information and shows an over-view of the "youth of the 60's". This is especially good for History or Social Studies class.
The People Next Door	1967	10-12 Adults	(3 Parts) 79 min. B & W	Bailey	The purpose of the film is to produce a spring board for discussion of drugs, ethical values, moral values, and communication between generations. It dramatizes the contemporary American experience of the conflict between the generations and presents a study of the values of the so-called "middle-class world." Originally produced as a "CBS Playhouse" drama.

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Con't. 16 mm Films:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Alcohol and You	1968	7-12	28 min. Color	Bailey	What are the consequences of dependence on alcohol? This film answers this question and explores the social pressures and drinking habits that can lead an individual into becoming an alcoholic. Medical authorities testify to the ill effects of alcohol. With objective evidence presented, the student is faced with the challenge to make a mature, reational decision of his own.
Smoking and Health: A Report to Youth	1968	7-12 Adults	13 min. Color	Bailey	The only question asked by this film - Is smoking worth the chance? Animation photography shows how the trachea, bronchi, and lungs function, and how they are affected by smoking. The decision to smoke or not to smoke must rest with the individual.
Tobacco: Idiot's Delight	1968	7-12	28 min. Color	Bailey	This film shows the social pressures placed on young people to smoke, through adults and strong advertisements. The film emphasizes the health risk that smokers take; but leaves the decisions up to each individual.

More up to date films on smoking are available through the American Cancer Society.

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Filmstrips and Records:

Title	Date	Grade Level	Length Color/B & W	Producer	Brief Description
Guidance Decision	1970	4-7	28 min. Color	Cahill	This series includes four filmstrips and two records. It uses a personal, non-preaching approach. The purpose is designed to involve the student, motivate thinking, and stimulate discussion.
Drugs, Helpful and Harmful	-	Selective Teaching K-6	- Color	Wexter Films Newenhouse Inc.	One filmstrip and one record. Good for lower grades in selective teaching.
LSD The Acid World	-	Sr. High	Color	-	Two filmstrips and two records describing an LSD trip.

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BOOK LIST

Algren, Nelson. The Man with the Golden Arm. New York: Doubleday, 1949.

Alpert, A., and S. Cohen. LSD. New York: New American Library, 1966.

American Association of Physical Health Education and Recreation. Drug Abuse Escape to Nowhere. Washington, D. C.: National Education Association Publication, 1967.

Anslinger, Harry J., and William F. Tompkins. Traffic in Narcotics. New York: Wagnalls Company, 1953.

Ashley, Montagu. Helping Children Develop Moral Values. Chicago: Science Research Associates, Inc., 1953.

Ausubel, D. P. Drug Addiction: Physiological, Psychological and Sociological Aspects. New York: Random House, 1968.

Ballard, Virginia. Ways to Improve Your Personality. New York: McGraw-Hill Book Company, Inc., 1951.

Barelson, Bernard, and Gray A. Steiner. Human Behavior. New York: Harcourt Brace and World, 1967.

Baruch, D., E. Montgomery, and E. Pounds. Basic Health and Safety Program. (Grades 4, 5, 6, 7, and 8) New Jersey: Scott Foresman Company, 1962.

Beckman, H. Dilemma in Drug Therapy. Philadelphia: W. B. Saunders, 1967.

Bier, William C. Problems in Addiction: Alcoholism and Narcotics. New York: Fordham University Press, 1962.

Billett, R. O., and J. W. Yeo. Growing Up. Boston: D. C. Heath and Company, Boston University Press, 1958.

Blakeslee, Alton. What You Should Know About Drugs and Narcotics. New York: The Associated Press, 1969.

Bloomquist, E. R., M. D. Marijuana. Beverly Hills: Glencoe Press, 1968.

Blum, R. H., and Utopiates Associates. A Study of the Use and Users of LSD-25. New York: Atherton Press, 1964.

Bonney, Merl E. Mental Health in Education. New York: Allyn and Bacon, 1960.

Bowen, H. L., Ed. Drug Abuse Information: Teacher Resource Manual. San Jose, California: Santa Clara County Office of Education, 1967.

Braden, William. The Private Sea LSD and the Search for God. Chicago: Quadrangle Books, 1967.

Burroughs, William. Junkie. New York: Ace Books, 1953.

Byrd, O., E. Neilson, and V. Moore. The Laidlaw Health Series. (Grades 4, 5, 6, 7, and 8) River Forest, Illinois: Laidlaw Brothers, 1966.

California State Department of Education. Drug Abuse: A Source Book for Teachers. Sacramento, 1967.

Chancey, Hal W., and Lawrence A. Kirkpatrick. Drugs and Use. New York: Oxford Book Company, 1969.

Cohen, Sidney. Beyond Within: The LSD Story. New York: Atheneum Publisher, 1964.

Cohen, Sidney. The Drug Dilemma. New York: McGraw-Hill Company, 1969.

Coles, Robert. The Grass Pipe. Boston: Little, Brown, and Company, 1969.

Cosgrove, Marjorie, and Irma Unruk. Discovering Yourself. Chicago: Science Research Associates, Inc., 1957.

DeRopp, Robert S. Drugs and the Mind. New York: Grove Press, Inc., 1957.

Drakeford, John W. Farewell to the Lonely Crowd. Waco, Texas: Word Books Publishers, 1969.

Ebin, David. The Drug Experience. New York: Grove Press, Inc., 1961.

Eddy, P. T., et. al. "Drug Dependence: Its Significance and Characteristics," Bulletin of the World Health Organization, Vol. 32, pp. 721-733, 1965.

Eldridge, William Butler, Ed. Narcotics and the Law. American Bar Association, 1962.

Engle, T. S. Psychology (fourth edition). New York: Harcourt Brace and World, 1964.

Freud, Sigmund. Psychoanalysis. New York: Bone and Liveright Press, 1924.

Foster, Constance J. Developing Responsibility in Children. Chicago: Science Research Associates, 1950.

Gavin, Ruth, and A. A. Gray. Our Changing Social Order. Boston: D. C. Heath Company, 1953.

Ginott, Haim G. Between Parent and Child. New York: Macmillan Company, 1965.

Ginott, Haim G. Between Parent and Teenager. New York: Macmillan Company, 1969.

Glatt, M. M. "Problems Common to Alcoholism and Drug Dependence," World Health Organization Chronicle, Vol. 21, pp. 293-303. 1967.

Goodman, David. What's Best for your Child and You. New York: Association Press, 1966.

Grant, Eva H. Parents and Teachers as Partners. Chicago: Science Research Associates.

Harms, Ernest. Drug Addiction and Youth New York: Pergemon Press, 1965.

Harris, John D. The Junkie Priest: Father Daniel Egan. New York: Pocket Books, 1969.

Hock, Paul. Problems of Addiction and Habituation. New York: Grune and Stratton, 1958.

Hulburd, David. H is for Heroin. New York: Doubleday, 1952.

Hyde, Margaret O. Mind Drugs. New York: McGraw-Hill, 1968.

Johns, E., W. Sutton, and L. Webster. Health for Effective Living, 4th edition. New York: McGraw-Hill, 1966.

Johnson, George. The Pill Conspiracy. New York: Signet Books, 1967.

Judson and Landis. Building Your Life. Englewood Cliffs, New Jersey: Frentice-Hall, Inc., 1959.

King, Alexander. Mine Enemy Grows Older. New York: Simon and Schuster, Inc., 1958.

Kingsbury, John M. Deadly Harvest: A Guide to Common Poisonous Plants. Dallas, Texas: Holt, Rinehart and Winston, 1965.

Kirkendall, Lester. Finding Out About Ourselves. Chicago: Science Research Associates, Inc., 1965.

Kitzinger, A., and P. J. Hill. Drug Abuse: A Source Book and Guide for Teachers. Sacramento, California: California State Department of Education, 1967.

Kolb, Lawrence. Drug Addiction. New York: Thomas Press, 1962.

La Barre, W. The Peyote Cult. Hamden, Connecticut: Shoestring Press, 1964.

Larner, Jeremy. The Addict in the Street. New York: Grove Press, 1964.

Lawrence, Thomas G., Alice Schriver, D. F. Powers, and Louis J. Vorhaus. Your Health and Safety, sixth edition. New York: Harcourt, Brace and World, 1969.

Leach, Kenneth, and Brenda Jordan. Drugs for Young People: Their Use and Misuse. The Religious Education Press, Ltd., 1968.

Lindesmith, Alfred R. Addict and the Law. Indiana: Indiana Press, 1965.

Lindesmith, Alfred R., ed. Drug Addiction: Crime or Disease. Bloomington, Indiana: Indiana University Press, 1963.

Lingeman, Richard R. Drugs from A to Z: A Dictionary. New York: McGraw-Hill Book Company.

Lorand, Sandra, and Henry I. Schneen. Adolescent. New York: A. Delta Book, 1961.

Louria, Donald. Nightmare Drugs. New York: Pocketbooks, Inc., 1962.

Louria, Donald. The Drug Scene. New York: McGraw-Hill, Inc., 1968.

MacCracken, H. D., D. G. Decker, J. G. Read, A. Yarian, and W. H. Creswell. Basic Life Science. Chicago: L. W. Singer Company, 1964.

Masters, R. E. L., and Jean Houston. The Varieties of Psychedelic Experience. New York: Holt, Rinehart, and Winston, 1969.

Maurer, D. W., and V. H. Vogel. Narcotics and Narcotic Addiction. Springfield, Illinois: Charles C. Thomas, 1967.

Mayshark, Cyrus, and Leslie W. Irwin. Health Education in Secondary Schools, 2nd edition. St. Louis: C. V. Mosby, Inc., 1968.

Mears, Ainslie. Relief Without Drugs. New York: Ace Books, 1967.

Menninger, William, M. D. Growing Up Emotionally. Chicago: Science Research Associates, 1960.

Menninger, William, M. D. Understanding Yourself. Chicago: Science Research Associates, 1960.

Merki, Donald J. Drug Abuse. Dallas, Texas: Texas Alcohol Narcotics Education, Inc., 1970.

Minnesota Mining Manufacturers Company. Use of Substances that Modify Mood and Behavior Arise for a Variety of Motivations. 1968.

Mons, George, M. D. When Children Face Crisis. Chicago: Science Research Associates, Inc., 1952.

Murtag, John. Who Live in a Shadow. New York: Ace Books, 1959.

National Association of Blue Shield Plans. Drug Abuse: The Chemical Cop-Out. 1969.

Navarra, J. G., and J. Zafforoni. Today's Basic Science. (Grade 5) New York: Harper and Row, 1967.

Neff, Mary Y. Ethics for Everyday Living. Chicago: Science Research Associates, Inc.

Neugarten, Bernice L. Discovering Myself. Minnesota: American Guidance Service, 1967.

New York City Mayor's Committee on Marijuana. Marijuana Problem in the City of New York. Lancaster, Pennsylvania: Jacques Cattell Press, 1944.

Nowlis, Helen H. Drugs on the College Campus. New York: Doubleday Company, 1969.

Nyswander, Marie. The Drug Addict. New York: Grune and Stratton, Inc., 1956.

Osborn, Barbara M., Richard K. Means, Jack Smolensky, and James M. Saurey. Foundations of Health Science. New York: Allyn and Bacon, Inc., 1968.

Otto, James H., Cloyd J. Julian, and J. Edward Tether. Modern Health. New York: Allyn and Bacon, 1967.

Oursler, Will. Marijuana: The Facts the Truth. New York: Paul Ericksson, Inc., 1969.

President's Commission on Law Enforcement and Administrative Justice. Task Force Report: Narcotics and Drug Abuse. Washington, 1967.

Rafferty, Max. Drug Abuse: A Source Book and Guide for Teachers. Sacramento, California: California State Department of Education, 1967.

Remmers, H. H., and C. G. Hackett. Let's Listen to Youth. Chicago: Science Research Associates, Inc., 1950.

Rosenear, John. Pot: A Handbook of Marijuana. New Hyde Park, New York: University Books, 1967.

Schaap, Dick. Turned On. New York: New American Library, 1967.

Schiffer, J. Healthier Living, 2nd edition. New York: John Wiley and Sons, Inc., 19[illegible].

Schakett, Jenkins G., and W. Bauer. Into Your Teens. New York: Scott Foresman and Company, 1951.

Schneider, Robert E. Handbook on Venereal Disease. Dallas, Texas: Allyn and Bacon, Inc., 1968.

Scriven, Alvin, Gallagher McConnel, and McGuigan Hanley. Psychology. New York: Allyn and Bacon, Inc., 1962.

Sinacore, John S. Health: A Quality of Life. New York: Macmillan Company, 1968.

Smiley, Marjorie B., Domenica Paterno, and Betsy Kaufam. Who Am I? New York: Macmillan Company, 1966.

Smith, Kline, and French Laboratories. Drug Abuse: Escape to Nowhere. Washington, D. C.: National Education Association Publication, 1968.

Smith, Kline, and French Laboratories. Fighting Illegal Drug Traffic. Philadelphia, Pennsylvania, 1968.

Smith, David E. Drug Abuse Papers. Berkley: University of California, 1969.

Smith, David E. Journal of Psychedelic Drugs. California: The Haight-Ashbury Medical Clinic, 1968.

Solomon, David, ed. The Marijuana Papers. New York: Signet Books, 1968.

Stafford, P. G., and B. H. Golightly. LSD the Problem Solving Psychedelic. New York: Dell Books.

Sullivan, Dona. Jubilee. New York: A.M.D.G. Publishing Company, 1962.

Surface, William. The Poisoned Ivy. New York: Coward-McCann, Inc., 1968.

Tane Press. The Problem: Alcohol-Narcotics. Austin, Texas, 1969.

Taylor, Norman. Narcotics: Nature's Dangerous Gift. New York: Dell Publishing Company, 1966.

Uhr, L., and J. G. Miller. Drugs and Behavior. New York: John Wiley and Sons, 1960.

Vogel, Victor, M. D., and Virginia Voel. Facts About Narcotics and Other Dangerous Drugs. Chicago: Science Research Associates, Inc., 1968.

Wakefield, Dan. The Addict. Greenwich: Fawcett Publication, 1963.

Way, Talter L. The Drug Scene. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970.

Weinswig, Melvin, Ph.D., and Dale W. Doerr, Ph.D. Drug Abuse: A Course for Educators. Indiana: Butler University, 1968.

Weitzman, Ellis. Guiding Children's Social Growth. Chicago: Science Research Associates, Inc., 1951.

Wilkerson, David. Cross and Switchblade. New York: Geis Publisher, 1963.

Wilkerson, David. Parents on Trial. New York: Hawthorn Books, Inc., 1967.

Wilner, D. M., and G. Kassibaum, eds. Narcotics. New York: Macmillan Company, 1967.

Winick, Charles. Law and Contemporary Problems. North Carolina: Duke University, 1957.

World Health Organization Expert Committee on Addiction-Producing Drugs. Thirteenth Report, World Health Organization Technical Report Series No. 273. Geneva: World Health Organization, United Nations, 1964.

Wood, R. W. The Civil Narcotics Program: A Five-Year Program Report. Corona, California: California Rehabilitation Center, 1967.

Wren, C. Gilbert, and Shirley Schwarzrock. Facts and Fantasies About Drugs. Circle Pine, Minnesota: American Guidance Service, Inc., 1970.

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PAMPHLETS AND PAPERBACKS

American Medical Association. "Dependence on Canabis (Marijuana)." Chicago: Department of Mental Health, October 2, 1967.

American Medical Association. "Dependence of L.S.D. and Other Hallucinogenic Drugs." Chicago: Department of Mental Health, September 19, 1966.

American Medical Association. "Dependence on Barbiturates and Other Sedation Drugs." Chicago: Department of Mental Health, August 23, 1965.

American Medical Association. "Marijuana Things." Chicago: American Medical Association, June 24, 1968.

American Medical Association. "Narcotics and Medical Practice." Chicago: American Medication Association, October 16, 1967.

American Medical Association. "What Parents Should Know About Drugs." Chicago: American Medical Asslciation, July, 1968.

American Medical Association. "You, Too, Can Be a Social Dropout." Chicago: American Medical Association, July, 1968.

American Medical Association. "Glue Sniffing." Chicago: American Medical Association Department of Health.

American Pharmaceutical Associatio;. "A Guide for the Profession: Drug Abuse Education." 1969.

Bailey, Bill. "Alcohol Today: A Workbook for Youth." 1969.

Bete, Channing L. Co. "About Alcoholism." Greenfield, Massachusetts, 1966.

Bete, Channing L. Co. "Drugs and You." Greenfield, Massachusetts, 1969.

Bete, Channing L. Co. "Know Your Rights." Greenfield, Massachusetts, 1969.

Bete, Channing L. Co. "The Law and You." Greenfield, Massachusetts, 1966.

Bete, Channing L. Co. "To Smoke or Not To Smoke." Greenfield, Massachusetts, 1968.

Blakeslee, Alton. "What You Should Know About Drugs and Narcotics." The Associated Press, 1969.

Bloomquist, Edward R. "Marijuana." New York: Glenco Press, 1968.

Boe, Sue. "A Guide for Consumers." Washington, D. C.: Pharmaceutical Manufacturers Association.

Bureau of Narcotics and Dangerous Drugs. "Drugs of Abuse." Washington, D. C.: 1969.

California State Department. "Drug Abuse: A Source Book and Guide for Teachers." Sacramento: 1967.

Cohen, Sidney, M. D. "Drug Abuse: Educational Efforts." Maryland: National Institute of Mental Health, May, 1969.

Cohen, Sidney, M. D. "The Drug Dilemma." New York: McGraw-Hill Book Company, 1969.

Committee on Alcoholism and Drug Dependence. "The Crutch That Cripples: Drug Dependence." Chicago: American Medical Association, 1968.

Council on Mental Health. "Marijuana and Society." Chicago: American Medical Association Council on Mental Health, June 24, 1968.

Culwell, C. W. "A Summary for Parents and Students on the Subject of Teenage Drug Abuse." Dallas, Texas: Varsity Shop, 1969.

Curtis, Lindsay R. "Alcohol: Fun or Folly." Dallas, Texas: 1969.

Curtis, Lindsay R. "Alcohol ... or Highway Safety?" Dallas, Texas: 1969.

Curtis, Lindsay R. "Glue Sniffing--Big Troubles in a Tube." Dallas, Texas: 1969.

Curtis, Lindsay R. "Let's Talk About Goofballs and Pep Pills." Dallas, Texas: 1969.

Curtis, Lindsay R. "Let's Talk About Drugs." Dallas, Texas: 1969.

Curtis, Lindsay R. "L.S.D.: Trip or Trap." Dallas, Texas: 1969.

Curtis, Lindsay R. "Why Not Marijuana?" Dallas, Texas: 1968.

Dallas Independent School District. "Drugs and Dallas Report of the Ad Hoc Committee on Drug Abuse." Dallas, Texas: 1970.

Eddy, Nathan B., M. D. "Drug Dependence: Its Significance and Characteristics." Washington, D. C.: United States Government Printing Office, 1968.

Educational Service Staff, Food and Drug Administration. "The Use and Misuse of Drugs." Washington, D. C.: United States Government Printing Office, October, 1968.

Ewart, T. R. "Don't Get Hooked." McAllen, Texas: Public Service League on Drugs, 1968.

Giardano, Henry L., United States Commissioner of Narcotics. "Living Death--The Truth About Drug Addiction." Washington, D. C.: United States Government Printing Office, 1965.

Houser, Norman W. "Drugs: Facts on Their Use and Abuse." Glenview, Illinois: 1969.

Kurtz, Gerald N. "Drug Abuse: Educational Efforts." Chevy Chase, Maryland: National Institute of Mental Health, May, 1969.

Merki, Donald J. "Drug Abuse: Teenage Hangup." Dallas, Texas: Texas Alcoholic Narcotics Education, Inc., 1970.

National Association of Blue Shields Plans. "Drug Abuse: The Chemical Cop-Out." Dallas, Texas: 1969.

National Education Association. "Drug Abuse: A Primer for Parents." Washington, D. C.: National Education Association.

National Coordinating Council on Drug Abuse Education and Information. "Victory." Washington, D. C.: April, 1969.

Net Firm Service. "Crisis: Drugs, Alcohol, and Tobacco." Bloomington, Indiana: Indiana Audio-Vicual Center.

Read, Donald A., Ed. D. "Drugs and People." Dallas, Southwestern Division, September, 1969.

Saltman, Jules. "What We Can Do About Drug Abuse." New York: Public Affairs, No. 390, 1968.

Schneider, Robert E., Ed. D. "The Venereal Diseases." Dallas, Texas: Southwestern Division, September, 1969.

Schneider, Robert E., Ed. D. "Handbook on Venereal Disease." Dallas, Texas: Southwestern Division, September, 1969.

Shevlin, Julius B., Ed. D., and Isidor Goldberg, Ph. D. "A Programmed Unit on Facts About Alcohol." Dallas, Texas: Southwestern Division, September, 1969.

Shevlin, Julius B., Ed. C., and Isidor Goldberg, Ph. D. "A Programmed Unit on Venereal Disease." Dallas, Texas: Southwestern Division, September, 1969.

Smith, Kline and French. "Drug Abuse." Philadelphia: Smith, Kline and French, 1968.

Smith, Kline and French. "Drug Abuse: Escape to Nowhere." Philadelphia: Smith, Kline and French, 1969.

Smith, Kline and French. "Fighting Illegal Drug Traffic." Philadelphia: Smith, Kline and French, February, 1968.

Superintendent of Documents. "The Up and Down Drugs." Washington: United States Government Printing Office, March, 1969.

Superintendent of Documents. "Drugs of Abuse." Washington: United States Government Printing Office, 1968.

Superintendent of Documents. "Narcotics: Some Questions and Answers." Washington: United States Government Printing Office, March, 1969.

Superintendent of Documents. "Plants." Washington: United States Government Printing Office, January, 1969.

Superintendent of Documents. "L.S.D.: Some Questions and Answers." Washington: United States Government Printing Office, 1968.

Superintendent of Documents. "The Narcotic Addict Rehabilitation Act of 1966." Washington: United States Government Printing Office, 1969.

Superintendent of Documents. "How Safe Are Our Drugs?" Washington: United States Government Printing Office, October, 1968.

Superintendent of Documents. "Marijuana: Some Questions and Answers." Washington: United States Government Printing Office, March, 1969.

Texas Alcohol Narcotics Education, Inc. "The Problem: Alcohol-Narcotics." Dallas, Texas: 1969.

Vogel, Victor H. and Virginia E. "Facts About Narcotics and Other Dangerous Drugs." Chicago: Science Research Associates, Inc.

Wade, Henry, D. A. "Youth and the Law." Dallas, Texas: Dallas Morning News, February 2, 1969.

Weinswig, Melvin H., and Dale Doerr, Ph. D. "Drug Abuse: A Course for Educators." Indiana: Butler University, 1968.

Whitman, Vic. "Afterflash!" New York: The Reader's Digest Association, Inc., December, 1969.

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Yolles, Stanley F., M. D. "Before Your Kid Tries Drugs." Maryland: National Institute of Mental Health, November, 1968.

Yolles, Stanley F., M. D. "Drug Abuse." Maryland: National Institute of Mental Health, May, 1969.

BIBLIOGRAPHY

Ad Hoc Committee on Drug Abuse. Drugs and Dallas Report. Dallas, Texas: Dallas Independent School District, 1970.

American Pharmaceutical Association. "A Guide for the Profession: Drug Abuse Education." 1969.

Bailey, Bill. "Alcohol Today: A Workbook for Youth." 1969.

Bauer, W. W., M. D. Health for All. Curriculum Foundation Series, Scott Foresman and Company, 1962.

Bete, Channing L. Co. "About Alcoholism." Greenfield, Massachusetts, 1966.

Bete, Channing L. Co. "Drugs and You." Greenfield, Massachusetts, 1969.

Bete, Channing L. Co. "Knows Your Rights." Greenfield, Massachusetts, 1969.

Bete, Channing L. Co. "The Law and You." Greenfield, Massachusetts, 1966.

Bete, Channing L. Co. "To Smoke or Not To Smoke." Greenfield, Massachusetts, 1968.

Bloomquist, Edward R. "Marijuana." New York: Glenco Press, 1968.

Brandwein, Paul, and others. Concepts in Science, 2nd edition. New York: Harcourt, Brace and World, Inc., 1970.

Bureau of Narcotics and Dangerous Drugs. "Drugs of Abuse." Washington, D. C., 1969.

Bureau of Narcotics and Dangerous Drugs. Guidelines for Drug Abuse Prevention Education. Phoenix: Office of Science and Drug Abuse Prevention, Drug Abuse Prevention Division, 1970.

Byrd, Oliver E., M. D. Health, 2nd edition. River Forest, Illinois: Laidlaw Bros., 1966.

Byrd, O., E. Neilson, and V. Moore. The Laidlaw Health Series. (Grades 4, 5, 6) River Forest, Illinois: Laidlaw Bros., 1966.

California State Department. "Drug Abuse: A Source Book and Guide for Teachers." Sacramento, 1967.

Cohen, Sidney. "The Drug Dilemma." New York: McGraw-Hill Book Company, 1969.

Culwell, C. W. "A Summary for Parents and Students on the Subject of Teenage Drug Abuse." Dallas, Texas: Varsity Shop, 1969.

Curtis, Lindsay R. "Alcohol: Fun or Folly." Dallas, Texas: 1969.

Curtis, Lindsay R. "Glue Sniffing--Big Troubles in a Tube." Dallas, Texas: 1969.

Curtis, Lindsay R. "Let's Talk About Drugs." Dallas, Texas: 1969.

Curtis, Lindsay R. "Let's Talk About Goofballs and Pep Pills." Dallas, Texas: 1969.

Curtis, Lindsay R. "L.S.D.: Trip or Trap." Dallas, Texas: 1969.

Curtis, Lindsay R. "Why Not Marijuana." Dallas, Texas: 1968.

Houser, Norman W. "Drugs: Facts on Their Use and Abuse." Glenview, Illinois, 1969.

Laredo Independent School District. The Use, Misuse, and Abuse of Drugs and Narcotics. Laredo, Texas: Laredo Independent School District, 1970.

Lockheed Educational Systems. Drug Decision, Teacher Manual, 2nd edition. Burbank: Lockheed Educational Systems, 1969.

Martin, Bill Jr. Sounds of Laughter ("Growing Up, Growing Older"); Sounds of Numbers ("What Is Big"); and Sounds Around the Clock. New York: Holt, Rinehart and Winston, 1966.

Merki, Donald J. "Drug Abuse: Teenage Hangup." Dallas, Texas: Texas Alcoholic Narcotics Education, Inc., 1970.

National Association of Blue Shields Plans. "Drug Abuse: The Chemical Cop-Out." Dallas, Texas: 1969.

Navarra, John, and Joseph Zaffaroni. Today's Basic Science. New York: Harper and Row, 1967.

Schneider, Herman and Nina. Science for Work and Play, 3rd edition. Boston: D. C. Heath and Company.

Smith, Kline and French. "Drug Abuse." Philadelphia: Smith, Kline, and French, 1968.

Smith, Kline and French. "Drug Abuse: Escape To Nowhere." Philadelphia: Smith, Kline, and French, 1969.

Stamford Public Schools. A Study Guide to Help Schools and Teachers Combat the Drug Epidemic. Hartford, Connecticut: WTIC TV-AM-FM, Broadcast Plaza, 1969.

Superintendent of Documents. "Drugs of Abuse." Washington: United States Government Printing Office, 1968.

Superintendent of Documents. "L.S.D.: Some Questions and Answers." Washington: United States Government Printing Office, 1968.

Superintendent of Documents. "Marijuana: Some Questions and Answers." Washington: United States Government Printing Office, 1969.

Superintendent of Documents. "Narcotics: Some Questions and Answers." Washington: United States Government Printing Office, 1969.

Texas Alcohol Narcotics Education, Inc. "The Problem: Alcohol-Narcotics." Dallas, Texas: 1969.

Texas Education Agency. Crime and Narcotics, Scope and Sequence. (Grades 5-12) Austin, Texas: Texas Education Agency, 1970.

Vogel, Victor H., and Virginia E. "Facts About Narcotics and Other Dangerous Drugs." Chicago: Science Research Associates, Inc.

Wade, Henry, D. A. "Youth and the Law." Dallas, Texas: Dallas Morning News, February 2, 1969.

Witty, Paul, and Mildred Behell. Peppermint Fence, Star Bright. (Poem, "The End;" Story, "Scurry, Scamper, and Zoomer.") Boston: D. C. Heath and Company, 1964.